

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90082 038 \*\*\*\*61.25

**DOCUMENT # N01000008805**

1. Entity Name  
**NCHS, INC.**



Principal Place of Business  
**860 EDEN ISLE BLVD.  
ST. PETERSBURG FL 33704**

Mailing Address  
**P.O. BOX 22794  
TAMPA FL 33622**

2. Principal Place of Business  
**33 4th St North  
Suite, Apt. #, etc.  
208**

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State  
**St. Petersburg FL**  
Zip  
**33701**  
Country  
**U.S.A.**

City & State  
  
Zip  
  
Country

4. FEI Number **59-3760884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KEYES, PHILLIP J  
860 EDEN ISLE BLVD.  
ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name  
**Keyes, Phillip J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**33 4th Street North  
Suite 208**  
City  
**St. Petersburg FL** Zip Code  
**33701**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **EXD**

(NOTE: Registered Agent signature required when reinstating)

**7/21/03**  
DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO GUAMIERI, PATRICK 860 EDEN ISLE BLVD SAINT PETERSBURG FL 33704</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXD KEYES, PHILLIP 860 EDEN ISLE BLVD SAINT PETERSBURG FL 33704</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTONE, JAMES 860 EDEN ISLE BLVD SAINT PETERSBURG FL 33704</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEAD, ALDEN 860 EDEN ISLE BLVD SAINT PETERSBURG FL 33704</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAH, NARENDRA 860 EDEN ISLE BLVD SAINT PETERSBURG FL 33704</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO GUARNIERI, PATRICK 33 4th St. N St. Petersburg, FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXD KEYES, PHILLIP 33 4th St N St Petersburg FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTONE, JAMES 33 4th St N St. Petersburg FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEAD, ALDEN 33 4th St N St. Petersburg FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAH NARENDRA 33 4th St N St. Petersburg, FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LIFRIERI, SALVATORE 33 4th St. N St Petersburg, FL 33701</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

**7/21/03 727 897-9077**

CR2E037 (4/03)