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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500004548 (2)
1. Corporation Name

NATIONAL HEALTH BENEFIT ASSOCIATION, INC.

Principal Place of Business		Mailing Address			h tabbita) did sarat attis abete dater dater parti atas pant atas atter ares terr ram:			
5144 CENTRAL AVENUE		5144 CENTRAL AVENUE						
ST. PETERSBURG FL		ST. PETERSBURG FL						
						3. Date Incorporated or Qualified 09/22/1995	3a. Date of L	ast Report
2. Principal Place of Bu	Isiness	2a. Mailing Address				4. FEI Number		Applied For
21	13111000	26						Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	••			5. Certificate of Status Desired	□ \$8	.75 Additional
22		27				5. Certificate of Status Desired	F	ee Required
City & State		City & State				6. Election Campaign Financing	1 1	5.00 May Be
23		28		o unto i		Trust Fund Contribution 8. This corporation has liability for i	A	dded to Fees
Zip	Country	Zip	30	ountry			Intangiole tax unos	3 S. 199.032,
24	25 nme and Address of Curr	29 29 Agent	30			10. Name and Address of New R		-
3, 14,	and did Addicate of Con-			81	Name			
THOMPSON, DA	WD & ESO			-	0:	(D.O. Doy Number is Not Assessable	ylo)	
5144 CENTRAL				82	Street Ac	ddress (P.O. Box Number is Not Acceptab	ле;	
ST. PETERSBUR				83				
01.161610001	10 , 2 50.0.				0"		les l	Zip Code
				84	City		FL 85	Zip Code
11 Pursuant to the pre	ovisions of Sections 617.05	502 and 617.1508, Florida Stat	tutes, the a	above-n	amed corp	poration submits this statement for the pur	rpose of changing	its registered offic
or registered agent	t, or both, in the State of Fl	lorida. Such change was autho ection 617.0503, Florida Statut	rized by the	e corpo	oration's bo	pard of directors. I hereby accept the app	ointment as registe	ered agent. I am
iaitilliar with, and a	ccept the obligations of, or	001011 011 .0000, 1 londa Olato						
SIGNATURESignature, I	typed or printed name of registered as	gent and title if applicable	(NOTE: Registe	red Agen	t signature requ	rred when remetating)	DATE	
SIGNATURE Signature,		AND DIRECTORS		ered Agen	t signature requ	red when renstating! ADDITIONS/CHANGES 10 OFF	FICERS AND DIRE	
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SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

aug 4/15/9

813-321-3662

Daytime Phone #

CR2E037 (12/95)