

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90330 045 ***150.00

DOCUMENT # P01000023080

1. Entity Name

N.P. HEALTH CARE, INC.



Principal Place of Business

609 EAST GORRIE DRIVE
ST GEORGE ISLAND FL 32328

Mailing Address

94 SHERBROCK RD.
MANSFIELD OH 44907

2. Principal Place of Business

Mailing Address

301 LOGAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MANSFIELD OH

Zip

Country

Zip

Country

44907-2816 RICHLAND



MOORE

CR2E034 (11/03)

4. FEI Number

58-2608780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEACH, SUSAN K
609 EAST GORRIE DRIVE
ST GEORGE ISLAND FL 32328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Susan K. Leach

SUSAN K. LEACH

3-24-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVSD
LEACH, SUSAN K
609 EAST GORRIE DRIVE
ST GEORGE ISLAND FL 32328 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
LEACH, PATRICK D
94 SHERBROOK ROAD
MANSFIELD OH 44907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
LEACH, PATRICK D.
301 LOGAN RD
MANSFIELD OH 44907-2816 ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ 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 607, 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:

Susan K. Leach SUSAN K. LEACH

Date

Daytime Phone #