

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90027 003 \*\*\*150.00

**DOCUMENT # P01000044562**

1. Entity Name

**NATIONAL HEALTHCARE FINANCIAL SERVICES, INC.**

Principal Place of Business

**11900 BISCAYNE BLVD., SUITE 604  
MIAMI FL 33181**

Mailing Address

**11900 BISCAYNE BLVD., SUITE 604  
MIAMI FL 33181**

2. Principal Place of Business

**2754 W. ATLANTIC BLVD.  
SUITE 4**

3. Mailing Address

**2754 W. ATLANTIC BLVD.  
SUITE 4**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**POMPAHO BEACH, FL.**

City & State

**POMPAHO BEACH, FL.**

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

4. FEI Number

**65-1099348**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BERNSTEIN, JOEL**

**11900 BISCAYNE BLVD., SUITE 604  
MIAMI FL 33181**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS-\$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete  
NAME **DAVID BULLARD**  
STREET ADDRESS **5501 OLDTOWNE ROAD**  
CITY-ST-ZIP **RALEIGH, NC. 27612**

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **ROBERT DWYER**  
STREET ADDRESS **6237 CLARA EDWARD TERRACE**  
CITY-ST-ZIP **ALEXANDRIA, VA 22310**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**David Bullard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**

Date

**954-343-4970**

Daytime Phone #

CR2E034 (9/01)