

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90053 039 ***550.00

872760



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000046419

1. Entity Name
NATIONAL HEALTHCARE REIMBURSEMENT SOLUTIONS, INC

Principal Place of Business
1751 GRASMERE COURT
JACKSONVILLE FL 32223-0808

Mailing Address
1751 GRASMERE COURT
JACKSONVILLE FL 32223-0808

2. Principal Place of Business
5700 ST AUGUSTINE RD
Suite, Apt. #, etc.
103

3. Mailing Address
5700 ST AUGUSTINE RD
Suite, Apt. #, etc.
103

City & State
JACKSONVILLE FL
Zip
32207
Country
USA

City & State
JACKSONVILLE FL
Zip
32207
Country
USA

4. FEI Number
59-3717898
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NARDUCCI, ANTHONY
1751 GRASMERE COURT
JACKSONVILLE FL 32223-0808

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT NARDUCCI, ANTHONY 1751 GRASMERE COURT JACKSONVILLE FL 32223-0808 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Anthony Narducci** **9-8-02** **904-448-1624**
Date Daytime Phone #

CR2E034 (4/02)