

(AMENDED)
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 15 PM 4:00

DOCUMENT # P01000088687

1. Entity Name

Federal Health Nursing Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1950 Lee Road

3. Mailing Address

1950 Lee Road

Suite, Apt. #, etc.

Suite 209

Suite, Apt. #, etc.

Suite 209

DO NOT WRITE IN THIS SPACE

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3744763

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

J. Patrick Anderson, Esq.

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

930 S. Harbor City Blvd., Ste. 505

City

Melbourne

FL

Zip Code

32905

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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, VP, S
Bajaj, Sandeep
1950 Lee Road, Ste. 209
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-04/04/02--01067--012
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CITY-ST-ZIP

P, T
Reddy, Karan-G.
1950 Lee Road, Ste. 209
Winter Park, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)