

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P26765 (8)

1. Corporation Name

NATIONAL HEALTH MANAGEMENT, INC.

Principal Place of Business

**4415 5TH AVENUE
PITTSBURGH PA 15213**

Mailing Address

**4415 5TH AVENUE
PITTSBURGH PA 15213**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/07/1989

3a. Date of Last Report

04/20/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

25-1546071

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ANSBACHER, BARRY B.
4215 SOUTHPOINT BOULEVARD, SUITE 100
JACKSONVILLE FL 32216**

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and the filer

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	IRWIN, RICHARD	4415 8TH AVE PITTSBURGH PA	
VST	BALSINGER, WILLIAM E.	4415 5TH AVENUE PITTSBURGH PA	
V	GORDON, SCOTT	4415 5TH AVENUE PITTSBURGH PA	
VS	BELLINO, KATHLEEN	4415 5TH AVENUE PITTSBURGH PA	
VS	CONNER, DIANE G. (ASST)	4415 5TH AVENUE PITTSBURGH PA	
VS	MASON, MARTIN (ASST)	4415 5TH AVENUE PITTSBURGH PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Martin Mason

Martin Mason

3/13/95

412-578-7875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #