

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020543

1. Entity Name

NATIONAL HEALTH INSURANCE SERVICES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90272 034 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 915767
 LONGWOOD FL 32791-5767

P.O. BOX 915767
 LONGWOOD FL 32791-5767

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3226668

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

GAIPTMAN, PAUL
 9 ORANGEWOOD CT
 APOPKA FL 32708

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

3212 AUTUMNUOOD TRAIL

City APOPKA

FL

Zip Code 32703

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME GAIPTMAN, PAUL
 STREET ADDRESS 9 ORANGEWOOD COURT
 CITY-ST-ZIP APOPKA FL

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME 3212 AUTUMNUOOD TRAIL
 STREET ADDRESS APOPKA FL
 CITY-ST-ZIP 32703

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)