

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0127399 AT

DOCUMENT # **P94000020543**

1. Entity Name  
**NATIONAL HEALTH INSURANCE SERVICES, INC.**



FILED

03 AUG 18 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
P.O. BOX 915767  
LONGWOOD FL 32791-5767

Mailing Address  
P.O. BOX 915767  
LONGWOOD FL 32791-5767



2. Principal Place of Business  
**900 FOX VALLEY DRIVE**

3. Mailing Address  
**900 FOX VALLEY DRIVE**

Suite, Apt. #, etc.  
**108**

Suite, Apt. #, etc.  
**108**

City & State  
**LONGWOOD FLORIDA**

City & State  
**LONGWOOD FLORIDA**

Zip  
**32779**

Country  
**USA**

Zip  
**32779**

Country  
**USA**

4. FEI Number **59-3226668**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**GAITMAN, PAUL**  
**706 FOX VALLEY DRIVE**  
**LONGWOOD FL 32779**

## 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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME **P**  
STREET ADDRESS  
CITY - ST - ZIP  
**GAITMAN, PAUL**  
**706 FOX VALLEY DRIVE**  
**LONGWOOD FL 32779**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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STREET ADDRESS  
CITY - ST - ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **STD**  
STREET ADDRESS  
CITY - ST - ZIP  
**PATRICIA REILLY**  
**706 FOX VALLEY DRIVE**  
**LONGWOOD FL 32779**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**800022485348**  
**08/21/03--01059--017 \*\*158.75**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/18/03 4076526300**

Date

Daytime Phone #

CR2E034 (4/03)

National Health Insurance Services, Inc  
900 Fox Valley Drive, Suite 108  
Longwood, Florida 32779  
407 682 6300 Fax 407 772 2723

August 15, 2003

Florida Department of State  
Division of Corporations  
409 E Gaines Street  
Tallahassee, Florida 32314

Via FEDERAL EXPRESS

Re: P94000020543 National Health Insurance Services, Inc.  
Re: P00000049508DormKit, Inc.  
Re: N97000005336 W.I.S.E. Inc.

PLEASE BE ADVISED:

That the three companies listed all relocated this past May to 900 Fox Valley Drive, Suite 108, Longwood, Florida 32779. Upon receipt of the "60 day notice" it was apparent that these documents had not been filed (as they were never received).

I am enclosing a company check for National Health Insurance Services for \$150.00  
I am enclosing a company check for DormKit, Inc. for \$150.00  
I am enclosing a personal check for W.I.S.E. for \$61.25 as W.I.S.E. does not have any banking relationship.

While our post office box has not changed, these documents were never received. To avoid this problem on renewal, all addresses are now the same.

As I have always paid my taxes on time and my companies did relocate, I was advised by the staff at the Division of Corporation NOT to pay on line – but to send my documents with a letter of explanation (and annual fee minus the late charges).

Thank you. If you have any questions, please call.

  
Paul Gairman, President

National Health Insurance Services, Inc.  
DormKit, Inc.  
W.I.S.E. Inc.