

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052599

1. Entry Name

NATIONS HEALTH PROFESSIONAL SERVICES, INC.

f

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90004 049 \*\*\*150.00

Principal Place of Business

Mailing Address

8276 NW S. RIVER DRIVE  
 MEDLEY FL 33166  
 US

8276 NW S. RIVER DRIVE  
 MEDLEY FL 33166-7420  
 US

1 5 0 0 0

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0593675

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

ESPARZA, ANA  
 8276 NW S. RIVER DRIVE  
 MEDLEY FL 33166-7420

Name

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

City

FL

Zip Code

8. The above named entry 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  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 PSD  
 ESPARZA, ANA  
 8276 NW S. RIVER DRIVE  
 MEDLEY FL 33166 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 VTD  
 PEREZ, ARELYS  
 8276 NW S. RIVER DRIVE  
 MEDLEY FL 33166 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
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 CITY - ST - ZIP  
☐ Delete

TITLE  
 NAME  
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 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
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☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
☐ Change ☐ Addition

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 #

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000052599

1. Entity Name

NATIONS HEALTH PROFESSIONAL SERVICES, INC.

Principal Place of Business

8276 NW S. RIVER DRIVE  
MEDLEY FL 33166  
US

Mailing Address

8276 NW S. RIVER DRIVE  
MEDLEY FL 33166  
US

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

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Applied For

Not Applicable

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MEDLEY FL 33166-7420

Name

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City

FL

Zip Code

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SIGNATURE

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(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, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
ESPARZA, ANA  
8276 NW S. RIVER DRIVE  
MEDLEY FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTD  
PEREZ, ARELYS  
8276 NW S. RIVER DRIVE  
MEDLEY FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

19367


DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

DOC # P9500052599


19367

1312

 **NATIONS HEALTH PROFESSIONAL SERVICES INC.**  
8276 NW S. RIVER DR.  
MEDLEY, FL 33166

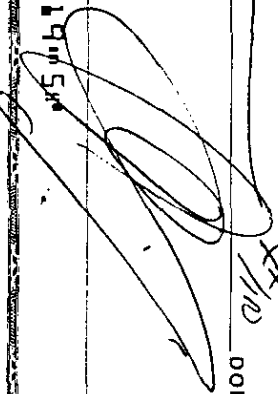
PAY TO THE ORDER OF Division of Corporation DATE 04/11/00


one hundred fifty \$ 150.00

 **Washington Mutual**  
Washington Mutual Bank, FA  
Hickman Financial Center 1757  
1456 W. 49th Street  
Hialeah, FL 33012  
1-800-788-7000  
24 Hour Customer Service

FOR # P9500052599

⑈001312⑈ ⑆267084131⑆194⑈243719⑈5⑈



 DOLLARS