

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020129

1. Entity Name

NORTH-SOUTH LHC, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90083 016 \*\*\*150.00

Principal Place of Business

Mailing Address

~~2206 W AIRPORT BLVD~~  
~~SANFORD FL 32771~~  
~~US~~

~~2206 W AIRPORT BLVD~~  
~~SANFORD FL 32771~~  
~~US~~

2. Principal Place of Business

1109 Diplomat Drive

Suite, Apt. #, etc.

J103

City & State

Debarry FL

Zip

32713

Country

USA

3. Mailing Address

1109 Diplomat Dr

Suite, Apt. #, etc.

J103

City & State

Debarry FL

Zip

32713

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3365759

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMSTRONG, DENNIS R

~~2206 W AIRPORT BLVD~~  
~~SANFORD FL 32771~~

7. Name and Address of New Registered Agent

Name

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

1109 Diplomat Drive  
J103

City

Debarry

FL

Zip Code

32713

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

4-26-2001

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, 2001 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

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | P                              | <input type="checkbox"/> Delete |
| NAME           | ARMSTRONG, DENNIS              |                                 |
| STREET ADDRESS | <del>2206 W AIRPORT BLVD</del> |                                 |
| CITY-STATE-ZIP | <del>SANFORD FL 32771</del>    |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | GREENFIELD, DEBORAH            |                                 |
| STREET ADDRESS | <del>2206 W AIRPORT BLVD</del> |                                 |
| CITY-STATE-ZIP | <del>SANFORD FL 32771</del>    |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-STATE-ZIP |                                |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                              |
| STREET ADDRESS | 1109 Diplomat Drive J103 |                                                                              |
| CITY-STATE-ZIP | Debarry, FL 32713        |                                                                              |
| TITLE          |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                              |
| STREET ADDRESS | 1109 Diplomat Drive J103 |                                                                              |
| CITY-STATE-ZIP | Debarry, FL 32713        |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-STATE-ZIP |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-STATE-ZIP |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-STATE-ZIP |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-STATE-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

4-26-2001 904 237 6060

Date

Daytime Phone #

CR2E034 (10/00)