

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90107 006 ***150.00

0071347 AV

DOCUMENT # P96000020129

1. Entity Name
NORTH-SOUTH LHC, INC.

Principal Place of Business

**1109 DIPLOMAT DRIVE
 J103
 DEBARY FL 32713
 US**

Mailing Address

**1109 DIPLOMAT DRIVE
 J103
 DEBARY FL 32713
 US**

00112133



2. Principal Place of Business

PO Box 5667

3. Mailing Address

PO Box 5667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Deltona FL	City & State Deltona FL	4. FEI Number 59-3365759	Applied For <input type="checkbox"/> Not Applicable
Zip 32728	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ARMSTRONG, DENNIS R
 1109 DIPLOMAT DRIVE
 J103
 DEBARY FL 32713**

7. Name and Address of New Registered Agent

Name
Dennis Armstrong
 Street Address (P.O. Box Number is Not Acceptable)
376 Providence Blvd
 City
Deltona FL Zip Code
32725

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 **DENNIS ARMSTRONG** DATE **4-29-2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P ARMSTRONG, DENNIS 1109 DIPLOMAT DRIVE J103 DEBARY FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 5667 Deltona, FL 32728 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENFIELD, DEBORAH 1109 DIPLOMAT DRIVE J103 DEBARY FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 5667 Deltona, FL 32728 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Dennis Armstrong** **3866680866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)