

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052643

1. Entity Name

NBC HEALTHCARE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90111 043 ***158.75

Principal Place of Business
2455 E. SUNRISE BLVD
PENTHOUSE SOUTH
FORT LAUDERDALE FL 33304
US

Mailing Address
2455 E SUNRISE BLVD
PENTHOUSE SOUTH
FORT LAUDERDALE FL 33304-3118
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11950 NW 39th ST
Suite, Apt. #, etc.
Suite D

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State

4. FEI Number 65-0677440

Applied For
Not Applicable

Zip 33065 Country USA

Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRITIKUS, JOY H
2455 EAST SUNRISE BLVD
PENTHOUSE SOUTH
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name Ernest N. Burson, III
Street Address (P.O. Box Number is Not Acceptable)
11950 NW 39th ST
Suite D
City Coral Springs FL Zip Code 33065

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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/28/00
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

TITLE PV
NAME BURSON, ERNEST N III
STREET ADDRESS 3227 NE 38TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE S
NAME STRITIKUS, JOY H
STREET ADDRESS 811 SE 22ND AVENUE #11
CITY-ST-ZIP POMPANO BEACH FL 33062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2825 CORAL SHORES DR
CITY-ST-ZIP FORT LAUDERDALE, FL 33306 ☒ 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

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 954-344-2454
Date Daytime Phone #

CR2E034 (9/99)