

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000078922

1. Entity Name

INDUSTRIAL HEALTH SOLUTIONS, P.A.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90374 029 \*\*\*150.00

Principal Place of Business

3079 SW MARTIN DOWNS BLVD  
PALM CITY FL 34990  
US

Mailing Address

P.O. BOX 680  
PALM CITY FL 34991-0680  
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 **59-3401720**

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANSBROUGH, BRUCE A  
3079 S.W. MARTIN DOWNS BLVD  
PALM CITY FL 34990

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.

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

TITLE **PD** ☐ Delete  
NAME **HANSBROUGH, BRUCE A**  
STREET ADDRESS **3079 SW MARTIN DOWNS BLVD**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VP** ☐ Delete  
NAME **HANSBROUGH, NANCY**  
STREET ADDRESS **11764 SW VALENCIA CT**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition  
NAME **Secretary Patricia Morse**  
STREET ADDRESS **1728 Shoshonee Tr.**  
CITY-ST-ZIP **Casselberry FL 32707**

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

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

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

*Bruce A. Hansbrough*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-18-2000 561-288-6456**

Date

Daytime Phone #

CR2E034 (9/99)