

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90141 002 ***150.00

DOCUMENT # P97000017260

1. Entity Name
NHC SALES OF FLORIDA, INC.



Principal Place of Business
**3737 EL JOBEAN ROAD
PORT CHARLOTTE FL 33953**

Mailing Address
**6991 E. CAMELBACK RD.
B-360
SCOTTSDALE AZ 85251**



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 **86-0842593**

Applied For

Not Applicable

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

**MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **EDWARDS, COLLEEN S**
STREET ADDRESS **6991 E. CAMELBACK RD., #B-360**
CITY-ST-ZIP **SCOTTSDALE AZ 85251**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **NAPP, DAVID A**
STREET ADDRESS **6991 E CAMELBACK RD., #B-360**
CITY-ST-ZIP **SCOTTSDALE AZ 85251**

TITLE **VP/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **CHEMERS, BARRY**
STREET ADDRESS **6991 CAMELBACK RD., #B-360**
CITY-ST-ZIP **SCOTTSDALE AZ 85251**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Terry Harrell**
STREET ADDRESS **2650 Holiday Trail**
CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other information.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-03 (480) 423-8700

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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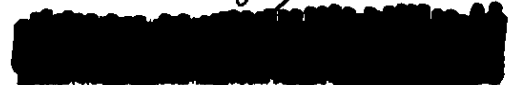
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SCOTTSDALE AZ 85251

80040199



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Suite, Apt. #, etc.

City & State

City & State

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Applied For
Not Applicable

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7. Name and Address of New Registered Agent

MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hay Street
City Tallahassee FL Zip Code 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Vivien S. Mitchell*
Signature, typed or printed name of registered agent and title if applicable.

VIVIEN S MITCHELL, ASST. V.P.

2/14/03
DATE

(NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$850.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P EDWARDS, COLLEEN S 6991 E. CAMELBACK RD., #B-360 SCOTTSDALE AZ 85251	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP NAPP, DAVID A 6991 E CAMELBACK RD., #B-360 SCOTTSDALE AZ 85251	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST CHEMERS, BARRY 6991 CAMELBACK RD., #B-360 SCOTTSDALE AZ 85251	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S/T Terry Harrell 2650 Holiday Trail Kissimmee, FL 34746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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