

2002- **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90773 006 ***158.75

DOCUMENT # P 97000035432

1. Entity Name

NH-PHP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1609 Pasadena Ave. S.#1E

3. Mailing Address

Suite, Apt. #, etc.

City & State
S.T. Petersburg Florida

Zip
33707

Country

NATIONAL HEALING CORPORATION
1900 Corporate Blvd. NW Ste. 105W
Boca Raton, FL 33431

DO NOT WRITE IN THIS SPACE

FEI Number
59-3448868

Applied For
Not Applicable

Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

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

1201 HAYS 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when constating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO/Treasurer
TYLER, JAMES M
1900 CORP.BLVD.NW 105 W
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO/ President
PATRICK, JAMES E
1900 CORP.BLVD. NW, 105W
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COO/Secretary
WINGARD, KATHLEEN
1900 CORP.BLVD.NW 105W
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption found 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James Tyler James Tyler, CFO

4/16/02

201-994-1174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)