

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90238 018 \*\*\*158.75

0399837 AV

**DOCUMENT # P97000036432**

1. Entity Name  
**NH-PHP INC.**



Principal Place of Business  
**1609 PASADERA AVE SOUTH.  
SUITE IE  
SAINT PETERSBURG FL 33707**

Mailing Address  
**NATIONAL HEALING CORPORATION  
1900 CORPORATE BLVD., NW, STE. 400 W.  
BOCA RATON FL 33431**

11016883



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Sui **NATIONAL HEALING CORP  
6400 Congress Ave. #2200  
Boca Raton, FL 33487**

City & State

City

4. FEI Number **59-3448868**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name

**Corporate Creations Network, Inc.**

Street Address (P.O. Box Number is not acceptable)

**11380 Prosperity Farms Road, #221E  
Palm Beach Gardens, FL 33410**

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

*Taide Baez, VP*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/24/03**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOP  
PATRICK, JAMES E  
1900 CORPORATE BLVD., NW, 105W  
BOCA RATON FL 33431** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFO  
TYLER, JAMES M  
1900 CORPORATE BLVD., #105W  
BOCA RATON FL 33431** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**COOS  
WINGARD, KATHLEEN  
1900 CORPORATE BLVD., NW, 105W  
BOCA RATON FL 33431** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GEORGE MALSAM, SECRETARY  
NATIONAL HEALING CORP  
6400 Congress Ave. #2200  
Boca Raton, FL 33487** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 like empowered.

SIGNATURE:

*Taide Baez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**

Date

**561-994-1174**

Daytime Phone #

CR2E034 (10/02)