## 2004 FOR PROFIT CORPORATION

## FILED Apr 12, 2004 8:00 am

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DOCU 1. Entity Nar NHS INC						004 90245							
Principal Place of Business 4045 SHERIDAN AVE. #310				Mailing Address 4045 SHERIDAN AVE. #310							5403	0 <i>47</i> 0	
MIAMI BEACH, FL 33140				MIAMI BEACH, FL 33140							<b>4100</b>	0110	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03302004	Chg-P	_	34 (10/03)	51451 IZ ISQ)	
City & State				City & State				4. FEI Numb			A	oplied For	$\Box$
Zip	Zip Country			Zip	Cour	7y 5. Certificate of Status Desir				Not Applicable			
::- ·	6. Name	and Address of Currer	t Regi:	stered Agent		ا ت	-7Name and	d Address of New		Fee Require	0	┨	
SDILL IO	V D					Name				9		<u>.`</u>	-
SPILL, JOY B 9100 SO. DADELAND BLVD. SUITE 504					Street Add	Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL 33156					City				FL Zip Code			-	
*8. The above	e named entit	y submits this statement	for the	purpose of changing its	register	ed office or re	nistere	ad agent or bo	oth in the State of E	lorida Lam f	amiliae with	and seesed	_
the obligated signated signature.	12/2	k ageni.			·		<b>5</b> ·		or and state of the	onda. Tanii	armar witti,	and accept	
	Signature, typed	or printed name of registered ager	and title	if applicable. (NOTE	: Registore	d Agent signature i	required	when reinstating)		DATE		<del></del>	
FIL After M	E NOW!!! ay 1, 2004	FEE IS \$150.00 I Fee will be \$550	.00	9. Election Campai Trust Fund Contr	gn Finar ibution.	ncing	<b>\$5.</b> 6 Adde	<b>00</b> May Be d to Fees		A. dis	*· <u> </u>	يده خيشه د	
10.	OFFICERS AND			CTORS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN					-
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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.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Affachment

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NHS Inc 904045 Sheridan Ave #310 Miami Beach FL 33140

Parident: Nicholas Sp.U.

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