

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086866

1. Entity Name

NATIONAL THERAPEUTIC SYSTEMS, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90086 003 ***150.00

Principal Place of Business

13346 NORTHUMBERLAND CIRCLE
 WELLINGTON FL 33414

Mailing Address

13346 NORTHUMBERLAND CIRCLE
 WELLINGTON FL 33414-8905

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

65-0786779

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: YAZEED SALEH
 Street Address (P.O. Box Number is Not Acceptable): 13346 NORTHUMBERLAND CIRCLE
 City: WELLINGTON FL Zip Code: 33414

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: Yazeed Saleh YAZEED SALEH DATE: 02/29/00
(Type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PTD	SALEH, YAZEED F		
13346 NORTHUMBERLAND CIRCLE	13346 NORTHUMBERLAND CIRCLE		
WELLINGTON FL 33414	WELLINGTON FL 33414		
VSD	SALEH, HALA F		
13346 NORTHUMBERLAND CIRCLE	13346 NORTHUMBERLAND CIRCLE		
WELLINGTON FL 33414	WELLINGTON FL 33414		

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: Yazeed Saleh DATE: 02/29/00 (56) 790-2094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)