

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041407

1. Entity Name

HEALTH SERVICES, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90077 030 \*\*\*150.00

Principal Place of Business

Mailing Address

1007 PEBBLE BEACH CIRCLE, WEST  
 WINTER SPRINGS FL 32708

1007 PEBBLE BEACH CIRCLE, WEST  
 WINTER SPRINGS FL 32708-4209

2. Principal Place of Business

2250 Lee Rd

3. Mailing Address

2250 Lee Rd

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Winter Park FL

City & State

Winter Park FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-3575123

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

DONADIO, ANTHONY  
 2250 LEE ROAD, SUITE 100  
 WINTER PARK FL 32789

Name

Wade E. Nelson

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

605 Nighthawk Cr.

City

Winter Springs

FL

Zip Code

32708

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 *Wade E. Nelson President*

3/25/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONADIO, ANTHONY	
STREET ADDRESS	1007 PEBBLE BEACH CIRCLE, WEST	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2250 Lee Rd, Ste. 100	
CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	President, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wade E. Nelson	
STREET ADDRESS	605 Nighthawk Cr	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	VICE PRESIDENT, TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL J. SALVANO	
STREET ADDRESS	14512 AMACA CT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Wade E. Nelson* **Wade E. NELSON** 3/25/00 407-622-1229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)