

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90077 022 ***158.75

DOCUMENT # P99000041407

1. Entity Name
HEALTH SERVICES, INC.

Principal Place of Business
2250 LEE RD
STE 100
WINTER PARK FL 32789
US

Mailing Address
2250 LEE RD
STE 100
WINTER PARK FL 32789
US

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
59-3575123

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

NELSON, WADE E
605 NIGHT HAWK CR
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
DANIEL -J. SALVANO

Street Address (P.O. Box Number is Not Acceptable)
14512 AMACA CT

City **Orlando** **FL** **Zip Code** **32837**

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]* **DANIEL J. SALVANO, PRES** **2/7/02**
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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS NELSON, WADE E 605 NIGHTHAWK CR WINTER SPRINGS FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SALVANO, DANIEL J 14512 AMACA CT ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **DANIEL J SALVANO** **2/7/02** **(407) 622 1229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment
Doc# 990000041407928929

RESOLUTION OF HEALTH SERVICES, INC., A FLORIDA CORPORATION,
ACKNOWLEDGING AND CONSENTING TO A CERTAIN PURCHASE
AGREEMENT

The following action was taken without a meeting by all Stockholders and Directors of HEALTH SERVICES, INC., A FLORIDA CORPORATION, this 4th day of February, 2002, by signing the following written consent:

1. The Purchase Agreement between WADE E. NELSON, Seller, and DANIEL J. SALVANO attached hereto as Exhibit "A" is acknowledged and consented to.
2. More particularly and as stated in the Purchase Agreement, HEALTH SERVICES, INC., shall defend and indemnify WADE E. NELSON from all claims brought by GMAC, or any assignee, for any and all amounts due for vehicle payments on the 2000 Chevrolet Impala, VIN no. 2G1WF55K8Y9168270, ("the Vehicle"), and any other claims, after the Vehicle has been returned to Health Services.
3. No stock has ever been issued to any shareholder of HEALTH SERVICES, INC.; however, WADE E. NELSON and DANIEL J. SALVANO (each 50% owner of the corporation) are the only known parties with claims of ownership for the corporation.

IN WITNESS WHEREOF, the undersigned, WADE E. NELSON, MARGOT NELSON, DANIEL J. SALVANO, and SANDRA SALVANO, constituting all of the Stockholders and Directors of HEALTH SERVICES, INC., hereby ratify, confirm, and agree to all of the above matters upon execution on this 4th day of February, 2002.

WITNESS

WITNESS

WADE E. NELSON

WADE E. NELSON,
PRESIDENT - HEALTH
SERVICES, INC.

STATE OF FLORIDA; COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 4th day of February 2002, by WADE E. NELSON, who is either known to me or produced N425-885-49-057-0 as identification.



Notary Public

Attachment 928929
Doc# 1990000-17407

**PAGE 2 RESOLUTION FOR HEALTH SERVICES, INC., A
FLORIDA CORPORATION**

C. Zedler
WITNESS

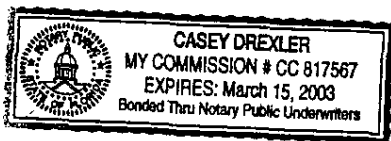
Casey Drexler
WITNESS

Daniel J. Salvano
DANIEL J. SALVANO

Daniel J. Salvano
DANIEL J. SALVANO,
VICE PRESIDENT, HEALTH
SERVICES, INC.

STATE OF FLORIDA; COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 4th day of February 2002, by DANIEL J. SALVANO, who is either known to me or produced S415-170-43-369-C as identification.



Casey Drexler
Notary Public

Rita L. Hoyt
WITNESS

John W. Holt
WITNESS

Margot Nelson
MARGOT NELSON,
DIRECTOR, HEALTH
SERVICES, INC.

STATE OF FLORIDA; COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this ___ day of February 2002, by MARGOT NELSON, who is either known to me or produced _____ as identification.

Notary Public

PAGE 3 RESOLUTION FOR HEALTH SERVICES, INC., A
FLORIDA CORPORATION

Attachment
928929
#P99000041407

Ching-Wah Hui
WITNESS

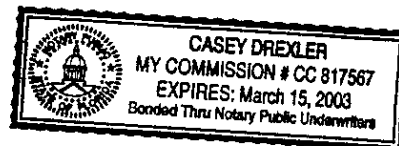
Sandra Salvano
SANDRA SALVANO,
DIRECTOR, HEALTH
SERVICES, INC.

C. Todd S.
WITNESS

STATE OF FLORIDA; COUNTY OF ORANGE-

~~JANUARY~~ The foregoing instrument was acknowledged before me this 31ST day of
~~February~~ 2002, by SANDRA SALVANO, who is either known to me or
produced SHS-792-46-560-0 as identification.

Casey Drexler
Notary Public



Attachment 428929
Doc# 09000041407

ARTICLES OF AMENDMENT FOR HEALTH SERVICES, INC., A FLORIDA CORPORATION

The following action was taken this 4th day of February 2002, without a meeting by all Stockholders and Directors of HEALTH SERVICES, INC., a Florida Corporation, by signing the following written consent:

1. Remove WADE E. NELSON from Registered Agent of the Corporation.
2. Remove WADE E. NELSON as President of the Corporation.
3. Remove MARGOT NELSON as a Director of the Corporation.
4. Appoint DANIEL J. SALVANO as President of the Corporation.
5. Appoint DANIEL J. SALVANO, whose address is 14512 Amaca Court, Orlando, Florida, 32837, as Registered Agent of the Corporation.
6. Remove DANIEL J. SALVANO as Vice-President of the Corporation.

IN WITNESS WHEREOF, the undersigned, WADE E. NELSON, MARGOT NELSON, DANIEL J. SALVANO, AND SANDRA SALVANO, constituting all of the Stockholders and Directors of HEALTH SERVICES, INC., do hereby ratify, confirm, and agree to all of the above matters upon execution on this 4th day of February 2002.

C. Toddy
WITNESS

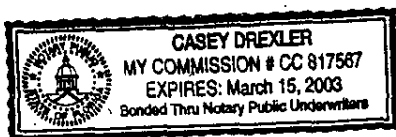
Casey Drexler
WITNESS

[Signature]
WADE E. NELSON

[Signature]
WADE E. NELSON,
PRESIDENT - HEALTH
SERVICES, INC.

STATE OF FLORIDA; COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 4th day of February 2002, by WADE E. NELSON, who is either known to me or produced NH25-885-49-051-0 as identification.



Casey Drexler
Notary Public

Attachment 928429
Doc# P9900004114107

PAGE 2 ARTICLES FOR AMENDMENT FOR HEALTH SERVICES, INC.

C. Todd S.
WITNESS

Casey Drexler
WITNESS

Daniel J. Salvano
DANIEL J. SALVANO

Daniel J. Salvano
DANIEL J. SALVANO,
VICE PRESIDENT, HEALTH
SERVICES, INC.

STATE OF FLORIDA; COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 14th day of February 2002, by DANIEL J. SALVANO, who is either known to me or produced SHS-170-43-369-D as identification.



Casey Drexler
Notary Public

WITNESS

MARGOT NELSON,
DIRECTOR, HEALTH
SERVICES, INC.

WITNESS

STATE OF FLORIDA; COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this ___ day of February 2002, by MARGOT NELSON, who is either known to me or produced _____ as identification.

Notary Public

Attachment 928929
Doc # 449000041407

PAGE 2 ARTICLES FOR AMENDMENT FOR HEALTH SERVICES, INC.

Casey Drexler
WITNESS

WITNESS

Daniel J. Salvano
DANIEL J. SALVANO

Daniel J. Salvano
DANIEL J. SALVANO,
VICE PRESIDENT, HEALTH
SERVICES, INC.

STATE OF FLORIDA; COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 14th day of February 2002, by DANIEL J. SALVANO, who is either known to me or produced S445770-43-369-0 as identification.



Casey Drexler
Notary Public

[Signature]
WITNESS
[Signature]
WITNESS

Margot Nelson
MARGOT NELSON,
DIRECTOR, HEALTH
SERVICES, INC.

STATE OF FLORIDA; COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this ___ day of February 2002, by MARGOT NELSON, who is either known to me or produced _____ as identification.

Notary Public

Attachment 928929
Doc# 99000041907

PAGE 3 ARTICLES FOR AMENDMENT FOR HEALTH SERVICES, INC.

C. Zedler

WITNESS

Ch. Wapner

WITNESS

Sandra Salvano

SANDRA SALVANO,
DIRECTOR, HEALTH
SERVICES, INC.

STATE OF FLORIDA; COUNTY OF ORANGE

~~JANUARY~~ The foregoing instrument was acknowledged before me this 31st day of February 2002, by SANDRA SALVANO, who is either known to me or produced S415-792-46-560-0 as identification.

Casey Drexler



OATH OF REGISTERED AGENT

I, DANIEL J. SALVANO, am familiar with and accept the duties and responsibilities as registered agent for HEALTH SERVICES, INC., a Florida corporation. For purposes of my duties as registered agent, my address is 14512 Amaca Court, Orlando, Florida, 32837.

Casey Drexler

WITNESS

Daniel J. Salvano

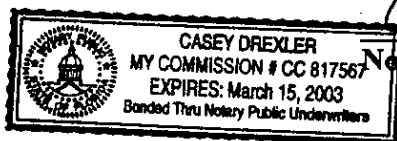
DANIEL J. SALVANO

WITNESS

STATE OF FLORIDA; COUNTY OF ORANGE

The foregoing instrument was acknowledged before me this 4th day of February 2002, by DANIEL J. SALVANO, who is either known to me or produced S415-170-43-369-0 as identification.

Casey Drexler



Notary Public