

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S14703

1. Entity Name

NATIONS HEALTHCARE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90421 001 ***150.00

Principal Place of Business

55 CARNEGIE PLAZA
 CHERRY HILL NJ 08003-1020
 US

Mailing Address

PO BOX 5050
 CHERRY HILL NJ 08034-5050
 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

59-3036451

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

CT CORPORATION SSYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324

Name

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

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.

SIGNATURE

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 P ☐ Delete
 NAME PORTER, CRAIG
 STREET ADDRESS 55 CARNEGIE PLAZA
 CITY-ST-ZIP CHERRY HILL NJ 08003

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

TITLE S ☒ Delete
 NAME BROWN, JACK N
 STREET ADDRESS 55 CARNEGIE PLAZA
 CITY-ST-ZIP CHERRY HILL NJ 08003

TITLE PRESIDENT ☐ Change ☒ Addition
 NAME FRANK MAGLIOCHETTI
 STREET ADDRESS 55 CARNEGIE PLAZA
 CITY-ST-ZIP CHERRY HILL NJ 08003

TITLE T ☒ Delete
 NAME BROWN, JACK N
 STREET ADDRESS 55 CARNEGIE PLAZA
 CITY-ST-ZIP CHERRY HILL NJ 08003

TITLE SECRETARY ☐ Change ☒ Addition
 NAME JOSEPH M. ROBERTS
 STREET ADDRESS 55 CARNEGIE PLAZA
 CITY-ST-ZIP CHERRY HILL NJ 08003

TITLE D ☐ Delete
 NAME PORTER, CRAIG W
 STREET ADDRESS 55 CARNEGIE PLAZA
 CITY-ST-ZIP CHERRY HILL NJ 08003

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 21 2000 856-470-2000