CR2E034 (10/00)

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 20, 2001 8:00 am **DOCUMENT # \$77607 Secretary of State** HEALTH SERVICE RESOURCES, INC. 03-20-2001 90029 049 ***150.00 Principal Place of Business Mailing Address 1990 NE 163RD STREET 1990 NE 163RD STREET ADD35UUL N. MIAMI BEACH FL 33162 N. MIAMI BEACH FL 33162 บร US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0286129 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOLDEN, GAIL Street Address (P.O. Box Number is Not Acceptable) 1990 N.E. 163 STREET SUITE 101 NORTH MIAMI BEACH FL Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE ☐ Change ☐ Addition TITLE GOLDEN, GAIL NAME NAME STREET ADDRESS 200 ISLAND BLVD #1608 STREET ADDRESS CITY-ST-ZIP **AVENTURA FL 33160** CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ._ :TITLE -ger- us to NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this nd accurate and that my signature shall have the same legal elfect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or changed, or on an attachmen with