

Date Due: 05/01/93

Amount Due:

\$200.00

If After Due Date: \$225.00

CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 AM 11:58

1. Name and Mailing Address of Corporation: DOCUMENT # F98000001799

HEALTH SYSTEMS AMERICA, INC.
2801 Ponce de Leon Blvd.
Suite 600
Coral Gables, Florida 33134

REINSTATEMENT

99 AD

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE
\$200.00

ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified
03/30/98

3a. Date of Last Report
n/a

4. FEI Number
58-2380743

Applied For
Not Applicable

5. Certificate of Status Desired

KK

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$138.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Mailing Address

2a. Principle Place of Business

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Howard B. Emory, Esquire
9100 South Dadeland Boulevard
One Datan Center, Suite 910
Miami, Florida 33156

81. Name

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

83.

84. City

FL

85. Zip Code

86. Country

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10-13-99

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 ADDRESS
1.4 CITY-ST-ZIP
P/D
Michael C. Piercey, M.D.
2801 Ponce de Leon Blvd. #600
Coral Gables, FL 33134

2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP
VP/S/D
Manuel R. Llano
2801 Ponce de Leon Blvd. #600
Coral Gables, FL 33134

3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

13. OFFICERS AND DIRECTORS CHANGES

1.1 TITLE
1.2 NAME
1.3 ADDRESS
1.4 CITY-ST-ZIP
8888888810748--0

2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-ST-ZIP
-10/19/99--01078--003
*****8.75 *****8.75
800003010748--0

3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-ST-ZIP
-10/19/99--01078--004
****750.00 ****750.00

4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-ST-ZIP

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, a change, or on an attachment with an address.

SIGNATURE X

DATE

10-13-99

Print Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number

Manuel R. Llano

VP & TREASURER

(954) 915-0474