

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # J90080**1. Entity Name
HEALTH SERVICES MANAGEMENT GROUP, INC.

Principal Place of Business	Mailing Address
2269 SOUTH UNIVERSITY DRIVE	2269 SOUTH UNIVERSITY DRIVE
SUITE 900	SUITE 900
FORT LAUDERDALE FL	FORT LAUDERDALE FL
33324	33324

2. Principal Place of Business	3. Mailing Address
2269 SOUTH UNIVERSITY DRIVE	2269 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 900	# 900

City & State	City & State
FORT LAUDERDALE FL	FORT LAUDERDALE FL

Zip	Country	Zip	Country
33324		33324	

4. FEI Number	Applied For
65-0035892	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 AgentSHORE, MARLENE BLOOM
2269 S. UNIVERSITY DR.
SUITE 900
FORT LAUDERDALE FL
33324 US**7. Name and Address of New Registered Agent**Name
SHORE, MARLENE BLOOM
Street Address (P.O. Box Number is Not Acceptable)
2269 S. UNIVERSITY DR.
900
City
FORT LAUDERDALE FL Zip Code
33324

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 _____ 04/25/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	DVTS	<input type="checkbox"/> Delete
NAME	SHORE STEVEN M	
STREET ADDRESS	2269 S. UNIVERSITY DR., SUITE 900	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SHORE, MARLENE BLOOM	
STREET ADDRESS	2269 S. UNIVERSITY DR., SUITE 900	
CITY-ST-ZIP	FORT LAUDERDALE FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORE STEVEN M	
STREET ADDRESS	2269 S. UNIVERSITY DR., # 900	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORE, MARLENE BLOOM	
STREET ADDRESS	2269 S. UNIVERSITY DR., # 900	
CITY-ST-ZIP	FORT LAUDERDALE FL	
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		
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: STEVEN M SHORE**S****04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)