2000	UNIFORM BUSI	NESS RE	EPORT (UBR)		FILED	
DOCUMENT # K56096 1. Entity Name					Mar 15, 2000 8:00 am		
FEDERAL HEALTH CARE SERVICES, INC.					Secretary of State 03-15-2000 90088 026 ***150.00		
Principal Place	e of Business	Mailing Address					
5310 NW 33RD AVE STE 201 FT LAUDERDALE FL 33309 US		P.O. BOX 1267 HATTIESBURG MS 39403-1267 US			1 13010111 101 NJF1d 27111 20171	 • (2)(2)(4) (2)(4) (4)(4) (4)	
2. Principal Place of Business 4500 N State Road #7		3. Mailing Address					
Suite, Apt. #, etc. Suite 306		Suite, Apt. #, etc.				WRITE IN THIS SPACE	
	uderdale, Fi	City & State			4. FEI Number 65-0094	4653	Applied For Not Applicable
^{Zip} 33	319 Country USA	Zip '	Country		5. Certificate of Status Desir	Fee Requi	
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Address of N	ew Registered Agent	
5550	ne, W.A. Hwy 98 East, #905 IIN FL 32541		-	Street Address (P	Q. Box Number is Not Accept		905
WAPame				City Dest	ก่น	FL Zip Co	ode 32541
8. The above	named entity submits this statement for t	he purpose of cham	nging its registered	office or registere	ed agent, or both, in the State	of Florida.	
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable.	(NOTE: Registered Ac	gent signature required v	when reinstating)	DATE	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MA	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Star		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
i1	OFFICERS AND D	1	12.	10.00	ADDITIONS/CHANGES TO		
TITLE NAME STREET ADDRESS (CITY-ST-ZIP	s Payne, W. A. 5550 Hwy 98 East, #905 Destin Fl	i Dele	ete TITLE NAME STREET A CITY-ST	INDEEC ADI	A. Pasne I Highway 9 Stin. FL 329	7 Change 18 West #10	
TITLE NAME STREET ADDRESS	VP Payne, maxine P 2307 Sunset Drive	☐ Dele	ete TITLE NAME STREET A	ADDRESS 230	tin FL 329 Tras ne, Mayine of sunset (ttiesburg, A	Change Drive	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HATTIESBURG MS	Dela		ADDRESS	THESDOVA, N	☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele		ADDRESS		☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	ete TITLE NAME STREET A CITY-ST	_		☐ Change	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Dele	ele TITLE NAME STREET A CITY-ST	1		☐ Change	e Addition
indicated of the corp	URE:	rue and accurate ar	nd that my signature s report as required owered.	e shall have the s f by Chapter 607,	ame legal effect as if made un	nder oath; that I am an offici	er or director or Block 12 if