

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:10

DOCUMENT # L84484 (9)

For Corporation Name

U S HEALTHCARE SYSTEMS, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Office Location
**13 S.E. 16TH STREET
FT LAUDERDALE FL 33316**

Main Office
**13 S.E. 16TH STREET
FT LAUDERDALE FL 33316**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/28/1990	36. Date of Last Report 08/16/1994
4. FID Number 65-0348294	Applied For Not Applicable
5. Certificate of Status, Current ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
9. Has corporation been inspected by the Department of State? Florida Statute ☐ Yes ☒ No	

2. Principal Office Location 21	2a. Main Office 26
22. Date of Report 22	27. Date of Report 27
23. City & State 23	28. City & State 28
24. 25	29. 30

9. Name and Address of Current Registered Agent

**GUPTA, M.P.
13 S.E. 16TH STREET
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address or P.O. Box Number or Not Acceptable	
83.	
84. City	85. Zip Code FL

11. Pursuant to the provisions of the laws of the State of Florida, the undersigned corporation hereby certifies that the information furnished herein is true and correct to the best of its knowledge and belief, and that the undersigned is duly authorized to execute this statement for the purpose of changing the registered office of the corporation as provided in the laws of the State of Florida. The undersigned is not a resident of the State of Florida.

SIGNATURE

12. ADDITIONAL CHANGES TO EFFECTS AND OTHER INFORMATION	13. ADDITIONAL CHANGES TO EFFECTS AND OTHER INFORMATION
1. NAME D GUPTA, M.P. 13 S.E. 16TH STREET FT LAUDERDALE FL 33316	1. NAME D GUPTA, M.P. 13 S.E. 16TH STREET FT LAUDERDALE FL 33316
2. STREET ADDRESS	2. STREET ADDRESS
3. CITY	3. CITY
4. STATE	4. STATE
5. ZIP CODE	5. ZIP CODE
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY	8. CITY
9. STATE	9. STATE
10. ZIP CODE	10. ZIP CODE
11. NAME	11. NAME
12. STREET ADDRESS	12. STREET ADDRESS
13. CITY	13. CITY
14. STATE	14. STATE
15. ZIP CODE	15. ZIP CODE
16. NAME	16. NAME
17. STREET ADDRESS	17. STREET ADDRESS
18. CITY	18. CITY
19. STATE	19. STATE
20. ZIP CODE	20. ZIP CODE

14. I hereby certify that the information supplied with this filing is accurate, complete and correct, and that the undersigned is duly authorized to execute this statement for the purpose of changing the registered office of the corporation as provided in the laws of the State of Florida. The undersigned is not a resident of the State of Florida.

SIGNATURE:

[Handwritten Signature]

GUPTA, M.P. AND TONYA M. GUPTA, SECRETARY OF STATE, DIVISION OF CORPORATIONS