

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L94807 (9)**

1. Corporation Name
HEALTH SERVICES OF AMERICA CORP.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/20/1990** 3a. Date of Last Report **04/21/1994**

4. FEI Number **59-3035148** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

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

Principal Place of Business Mailing Address
4620 N. HABANA AVE. SUITE 204 TAMPA FL 33614

2. Principal Place of Business 2a. Mailing Address
21 SAME 26 P.O. Box 15735

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 City & State 28 **TAMPA, FL**

24 Zip 25 Country 29 **33614** 30 **Hillsborough**

9. Name and Address of Current Registered Agent
**YATES, LORNA G.
4620 N HABANA AVENUE
#204
TAMPA FL 33614**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when restoring

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DPS
NAME	LORNA G. YATES
STREET ADDRESS	10960 BRIGHTSIDE DRIVE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	MAYBURY, CALVIN
STREET ADDRESS	4102 CYPRESS BAYOU DR
CITY - ST - ZIP	TAMPA FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DPST LORNA G Yates
1.3 STREET ADDRESS	10960 Brightside Dr
1.4 CITY - ST - ZIP	TAMPA, FL 33624
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lorna G. Yates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORNA G. YATES, PRES

3-27-95 **513-876-6101**