

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M66083

1. Entity Name
HEALTHCARE SYSTEMS SOLUTION, INC.

Principal Place of Business
6745 BRANDON MILL RD.
ATLANTA GA 30328

Mailing Address
6745 BRANDON MILL RD.
ATLANTA GA 30328

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2865998

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAC DONALD, THOMAS
880 SOUTH THIRD STREET
#203
ARCHER FL 32618.

WATFORD, PAUL →
7122 SW 164TH ST.
ARCHER, FL. 32618

Name

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

City

FL

Zip Code

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 *Paul M. Watford*

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 15, 2000: Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	WATFORD, PAUL MICHON	
STREET ADDRESS	7122 SW 164TH STREET	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MAC DONALD, AVIS	
STREET ADDRESS	52 FRANKLIN AVE	
CITY-ST-ZIP	PONTE VEDIA BEACH FL 32082	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEWART, PATRICIA	
STREET ADDRESS	3350 ALTAMONTE RD., #B-10	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	STEWART, PATRICIA	
STREET ADDRESS	7122 SW 164TH STREET	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EXECUTIVE VICE PRESIDENT OF OPERATIONS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EXECUTIVE VICE PRESIDENT OF BUSINESS DEVELOPMENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHIE BAYNE	
STREET ADDRESS	6745 BRANDON MILL RD.	
CITY-ST-ZIP	ATLANTA, GA. 30328	
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:

Paul M. Watford REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00

Date

352-495-9950

Daytime Phone #

CP2E034 (5/00)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90090 009 ***550.00



DO NOT WRITE IN THIS SPACE