

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90231 016 ***150.00

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1. Entity Name
U.S. HEALTHCARE SERVICES, INC.



Principal Place of Business

717 E OAK ST
KISSIMMEE, FL 34744

Mailing Address

717 E OAK ST
KISSIMMEE, FL 34744

40064235



DO NOT WRITE IN THIS SPACE

03292005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2642232

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SWART, HARRY J CPA
717 E OAK ST
KISSIMMEE, FL 34744

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME MCCOY, SCOTT A
STREET ADDRESS 11792 LILY RUBIN AVE
CITY-ST-ZIP LAS VEGAS, NV 891383021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #