2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2005
Secretary of State

DOCUMENT# P02000063033

Entity Name: UNCOMPENSATED HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

1971 W LUMSDEN RD #101
BRANDON, FL 33594

New Principal Place of Business:

Current Mailing Address:

1971 W LUMSDEN RD #101
BRANDON, FL 33594

New Mailing Address:

FEI Number: 01-0695532 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVETT, FOSTER CPA
400 E MLK BLVD #108
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

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: FOSTER LOVETT

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, LARRY
Address: 721 SAND RIDGE DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY A. WILLIAMS PRES 11/02/2005

Electronic Signature of Signing Officer or Director Date