2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P02000123397



FILED Apr 21, 2003 8:00 am Secretary of State

HEALTHCARE SYSTEMS U.S.A., DISTRICT 5, INC.							04-21-2003	90374 02	8 ***13	0.00	
Principal Place of Business 801 WEST BAY DRIVE. 4TH FLOOR LARGO FL 33770		Mailing Address 801 WEST BAY DRIVE, 4TH FLOOR LARGO FL 33770									
2. Principal Place of Bu	isiness ay Drive	3. Mailing Address 80) West Bay Drive			ve		1001;001 104110 10411 10411 00411)	15111 1601 160t	
Suite, Apt. #, etc.	430.	Suite, Apt. #, etc. Switz 430.				CHECK HERE IF MAKING CHANGES					
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Zip 33770 ·	Country Pinellas.	^{Zip} 33770 ·	Pine	žllas.	i	5. Ce	rtificate of Status Desired		8.75 Addee Require		
6. Name and Address of Current Registered Agent						7. Na	me and Address of New Re	gistered A	jent		l
-2-	Andrew Commenced to the			Name	•						ł
ACHARYA, NAVIN 2010 N.E. 45TH STREET				Street A	et Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE I			-								
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The above named er the obligations of reg	ntity submits this statement for pistered agent.	the purpose of changing its	registered	l office or	registere	ed agen	t, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	
SIGNATURE Signature for	" Ded or printed name of registered agent a	nd title if anniirable (NOTE	: Registered A	Agent signatu	ire required w	when rains	fating).	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							Election Campaign Fina Trust Fund Contribution.	ncing		0 May Be	
Make Check Payable	to Florida Department of	State					rast rana contribution.	_	Addoc	3 10 1 003	
10.	· · · OFFICERS AND I	DIRECTORS	11.			ADDI	TIONS/CHANGES TO OFFIC	CERS AND (DIRECTOR	S IN 11	
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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 a other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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TITLE

NAME

☐ Delete

03/03.

Change

Addition |