2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# P02000123771

Entity Name: HEALTHCARE SYSTEMS U.S.A., DISTRICT 7, INC.

Current Principal Place of Business:

4690 LIPSCOMB STREET NE
SUITE 7
PALM BAY, FL 32905

New Principal Place of Business:

3700 NORTH HARBOUR CITY BLVD
SUITE 1B
MELBOURNE, FL 32935

Current Mailing Address:

4690 LIPSCOMB STREET NE
SUITE 7
PALM BAY, FL 32905

New Mailing Address:

3700 NORTH HARBOUR CITY BLVD
SUITE 1B
MELBOURBE, FL 32935

FEI Number: 05-0539711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACHARYA, NAVIN
4690 LIPSCOMB STREET NE
SUITE 7
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

ACHARYA, NAVIN
3700 NORTH HARBOUR CITY BLVD
SUITE 1B
MELBOURBE, FL 32935 US

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: NAVIN ACHARYA 04/18/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DOSHI, SUDHA
Address: 4690 LIPSCOMB STREET NE, SUITE 7
City-St-Zip: PALM BAY, FL 32905

Title: D ( ) Delete
Name: ACHARYA, NAVIN
Address: 4690 LIPSCOMB STREET NE, SUITE 7
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DOSHI, SUDHA
Address: 3700 NORTH HARBOUR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change ( ) Addition
Name: ACHARYA, NAVIN
Address: 3700 NORTH HARBOUR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NAVIN ACHARYA S 04/18/2006
Electronic Signature of Signing Officer or Director Date