

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111464

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HEALTHCARE SYSTEMS USA, DISTRICT 8, INC.

## Current Principal Place of Business:

2937 BEE RIDGE ROAD  
SUITE 9  
SARASOTA, FL 34239

## New Principal Place of Business:

2010 N.E.45TH STREET  
FORT LAUDERDALE, FL 33308

## Current Mailing Address:

2937 BEE RIDGE ROAD  
SUITE 9  
SARASOTA, FL 34239

## New Mailing Address:

2010 N.E.45TH STREET  
FORT LAUDERDALE, FL 33308

FEI Number: 86-1083576

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NAVIN, ACHARYA  
2937 BEE RIDGE ROAD  
SUITE 9  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

NAVIN, ACHARYA  
2010 N.E.45TH STREET  
FORT LAUDERDALE, FL 33308 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

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DOSHI, SUDHA  
Address: 2937 BEE RIDGE ROAD, SUITE 9  
City-St-Zip: SARASOTA, FL 34239

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DOSHI, SUDHA  
Address: 2010 N.E.45TH STREET  
City-St-Zip: FORT LAUDERDLAE, FL 33308

Title: D ( ) Change (X) Addition  
Name: ACHARYA, NAVIN  
Address: 2010 N.E.45TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify 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

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date