

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90003 019 ***150.00

DOCUMENT # P04000030199

1. Entity Name
HEALTH SERVICE ASSOCIATES, INC.



Principal Place of Business
**4700 SHERIDAN STREET
SUITE G
HOLLYWOOD, FL 33021**

Mailing Address
**4700 SHERIDAN STREET
SUITE G
HOLLYWOOD, FL 33021**

00041263



2. Principal Place of Business

3700 WASHINGTON STREET

3. Mailing Address

Suite, Apt. #, etc.

SUITE 304

Suite, Apt. #, etc.

05312006

Chg-P

CR2E034 (11/05)

City & State

Hollywood FL

City & State

4. FEI Number

20-0734157

Applied For

Not Applicable

Zip

33021

Country

BROWARD

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORLOWSKY, NACHMAN
4700 SHERIDAN STREET
SUITE G
HOLLYWOOD, FL 33021**

Name

ORLOWSKY, NACHMAN

Street Address (P.O. Box Number is Not Acceptable)

3700 WASHINGTON STREET

SUITE 304

City

Hollywood

FL

Zip Code

33021

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.

NACHMAN Orlofsky

(NOTE: Registered Agent signature required when reinstating)

5-1-06

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ORLOWSKY, NACHMAN
4700 SHERIDAN STREET, STE G
HOLLYWOOD, FL 33021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MAJORS, DARREN
4700 SHERIDAN STREET, SUITE G
HOLLYWOOD, FL 33021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ORLOWSKY, NACHMAN
3700 WASHINGTON STREET SUITE 304
Hollywood FL 33021** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MAJORS, DARREN
3700 WASHINGTON STREET SUITE 304
Hollywood FL 33021** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

NACHMAN Orlofsky

Date

Daytime Phone #

5/1/06 954 961-1500