

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118627

FILED
Mar 18, 2005
Secretary of State

Entity Name: US HEALTHCARE OF FLORIDA, INC.

Current Principal Place of Business:

4491 STIRLING RD
FT LAUDERDALE, FL 33314

New Principal Place of Business:

4491 STIRLING RD
SUITE203
FT LAUDERDALE, FL 33314

Current Mailing Address:

4491 STIRLING RD
FT LAUDERDALE, FL 33314

New Mailing Address:

4491 STIRLING RD
203
FT LAUDERDALE, FL 33314

FEI Number: 20-1538466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SAMPANG, FLORA L
1210 NW 100 AVE
PEMBROKE PINES, FL 33024 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SAMPANG, FLORA L
Address: 1210 NW 100 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DV () Delete
Name: SAMPANG, ALFREDO C
Address: 15241 WAVERLY AVE
City-St-Zip: MIDLOTHIAN, IL 60445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: FLORA L SAMPANG

PRES

03/18/2005

Electronic Signature of Signing Officer or Director

Date