

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90177 017 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P05000091403</b> 1. Entity Name HEALTHCARE SPECIAL SERVICES, CORP.	
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Principal Place of Business 15555 SW 47 TERR MIAMI, FL 33185	Mailing Address 15555 SW 47 TERR MIAMI, FL 33185
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**DO NOT WRITE IN THIS SPACE**

00012000



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3098166	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ACOSTA, MARISOL D  
 15555 SW 47 TERR  
 MIAMI, FL 33185

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ACOSTA, MARISOL D 15555 SW 47 TERR MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ACOSTA, JULIO C 15555 SW 47 TERR MIAMI, FL 33185
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Julio C Acosta Date: 5/2/07 Daytime Phone #: (305) 725-5951