

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020857

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** HEALTH CARE SPECIALISTS OF AMERICA, INC.

**Current Principal Place of Business:**

2707 QUENTIN AVENUE SE  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

2707 QUENTIN AVENUE SE  
PALM BAY, FL 32909

**New Mailing Address:**

**FEI Number:** 20-8451230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RADSZUWEIT, ILENE  
2707 QUENTIN AVENUE SE  
PALM BAY, FL 32909 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RADSZUWEIT, ILENE  
Address: 2707 QUENTIN AVENUE SE  
City-St-Zip: PALM BAY, FL 32909

Title: TRES  
Name: RADSZUWEIT, ILENE  
Address: 2707 QUENTIN AVENUE SE  
City-St-Zip: PALM BAY, FL 32909

Title: SECT  
Name: RADSZUWEIT, ILENE  
Address: 2707 QUENTIN AVENUE SE  
City-St-Zip: PALM BAY, FL 32909

Title: DIR  
Name: RADSZUWEIT, ILENE  
Address: 2707 QUENTIN AVENUE SE  
City-St-Zip: PALM BAY, FL 32909

I hereby 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 all other like empowered.

SIGNATURE: ILENE RADSZUWEIT

PRES

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date