

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90046 021 \*\*\*150.00

**DOCUMENT # P93000006817**

1. Entity Name

HEALTH CARE INTERNATIONAL SERVICES, INC.



Principal Place of Business

600 BRICKELL AVE  
SUITE 206B  
MIAMI FL 33131  
US

Mailing Address

600 BRICKELL AVE  
SUITE 206B  
MIAMI FL 33131  
US



2. Principal Place of Business

1111 BRICKELL AVENUE

3. Mailing Address

1111 BRICKELL AVENUE

(Suite) Apt. #, etc.

1100

(Suite) Apt. #, etc.

1100

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

US

Zip

33131

Country

US

4. FEI Number

65-0393795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

HUMBERTO, ABELLO  
600 BRICKELL AVE  
STE 206B  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name HUMBERTO ABELLO

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

1111 BRICKELL AVENUE SR 1100

City

MIAMI

FL

Zip Code

33131

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/06

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00.**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME ABELLO, HUMBERTO  
STREET ADDRESS 600 BRICKELL AVE., SUITE 206B  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME ABELLO, HUMBERTO  
STREET ADDRESS 1111 BRICKELL AVENUE SUITE 1100  
CITY-ST-ZIP MIAMI, FL, 33131

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

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

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

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

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

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

3/9/06

Date

301-3742638

Daytime Phone #