

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056439

Entity Name: HEALTHCARE SYSTEMS, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

2010 NE 45TH STREET
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

P.O. BOX 11843
FORT LAUDERDALE, FL 33339

Current Mailing Address:

2010 NE 45TH STREET
SUITE #202
FORT LAUDERDALE, FL 33308

New Mailing Address:

P.O. BOX 11843
FORT LAUDERDALE, FL 33339

FEI Number: 65-0431188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUPTA, MAHENDRA
2010 NE 45TH STREET
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

GUPTA, MAHENDRA
P.O. BOX 11843
FT. LAUDERDALE, FL 33339 US

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:

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUPTA, MAHENDRA P
Address: 3696 N. FEDERAL HIGHWAY, SUITE 202
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GUPTA, MAHENDRA P
Address: P.O. BOX 11843
City-St-Zip: FT. LAUDERDALE, FL 33339

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: MAHENDRA P GUPTA

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date