

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000004826 (0)**

1. Corporation Name

U.S. HEALTH CARE SERVICES, INC.



Principal Place of Business

**531 N BAY ST
EUSTIS FL 32726**

Mailing Address

**531 N BAY ST
EUSTIS FL 32726**

2. Principal Place of Business

2a. Mailing Address

21 2245 N. Citrus Avenue

26 P.O. Box 492313

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 Leesburg, Florida

28 Leesburg, Florida

24 34748 25 US

29 34749-2313 30 US

g. Name and Address of Current Registered Agent

**SEMENTO, LAWRENCE J
531 N BAY ST
EUSTIS FL 32726**

3. Date Incorporated or Qualified

01/19/1995

3a. Date of Last Report

4. FEI Number

59-3291721

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

1 TITLE **D**
NAME **SEMENTO, LAWRENCE J** ☒ DELETE
STREET ADDRESS **531 N BAY ST**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE **President** ☐ Change ☒ Addition
NAME **Dominique Depaz**
STREET ADDRESS **2245 N. Citrus Avenue**
CITY-ST-ZIP **Leesburg, Florida 34748**

2 TITLE **Vice-President** ☐ Change ☒ Addition
NAME **Timothy Bussell**
STREET ADDRESS **4830 Highway 92 East**
CITY-ST-ZIP **Lakeland, Florida 33801**

3 TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
NAME **Brian Bradshaw**
STREET ADDRESS **13540 N. Florida Ave., Suite 107**
CITY-ST-ZIP **Tampa, Florida 33613**

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3/20/96

(352) 787-9854

DATE

Daytime Phone #

CR2E034 (12/95)