

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000037893 (1)

1. Corporation Name
HEALTHCARE SYSTEMS MANAGEMENT, INC.



Principal Place of Business
10302 NORTH WEST 9TH CIRCLE, #204
MIAMI FL 33172

Mailing Address
10302 NORTH WEST 9TH CIRCLE, #204
MIAMI FL 33172

3. Date Incorporated or Qualified 05/11/1995
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 10597 N.W. 7th Terr	26 10597 N.W. 7th Terr	65-0586127	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
23 MIAMI FL.	28 MIAMI FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip		
24 33172	29 33172	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	Yes No
Country	Country		
25 U.S.A.	30 U.S.A.		

9. Name and Address of Current Registered Agent

FERNANDEZ, JANET
10809 N.W. 7TH STREET
UNIT 12
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name THOMAS I. OROZCO
82 Street Address (P.O. Box Number is Not Acceptable)
10597 N.W. 7th Terr
83
84 City MIAMI FL 85 Zip Code 33172

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 THOMAS I. OROZCO

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

(NOTE: Registered Agent signature required when reinstating)

5-17-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	D	1.1 TITLE	V
NAME	OROZCO, ILEANA G	1.2 NAME	THOMAS I. OROZCO
STREET ADDRESS	10302 NORTH WEST 9TH CIRCLE, #204	1.3 STREET ADDRESS	10597 N.W. 7th Terr
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	D	2.1 TITLE	
NAME	FERNANDEZ, ROLANDO	2.2 NAME	
STREET ADDRESS	10809 N.W. 7TH STREET, UNIT 12	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	GARCIA, ELIA	3.2 NAME	
STREET ADDRESS	5776 S.W. 54TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, unchanged, or on an attachment with an address.

SIGNATURE:

ILEANA G. OROZCO 5/17/96 (305) 228-9127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)