

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

10597 N.W. 7TH TERRACE  
MIAMI FL 33172  
US

Mailing Address

10597 NW 7TH TERRACE  
MIAMI FL 33172  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1995

4. FEI Number

65-0586127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 1102 N.W. 128 PL.

Suite, Apt. #, etc.

22 MIAMI, FL.

City & State

23

Zip

24 33182

Country

2a. Mailing Address

26 1102 N.W. 128 PL.

Suite, Apt. #, etc.

27 MIAMI, FL.

City & State

28

Zip

29 33182

Country

30

9. Name and Address of Current Registered Agent

OROZCO, TOMAS I  
10597 NW 7TH TERRACE  
MIAMI FL 33172

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D OROZCO, ILEANA G  
STREET ADDRESS 10597 N.W. 7TH TERR  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME D OROZCO, TOMAS I  
STREET ADDRESS 10597 NW 7TH TERR  
CITY - ST - ZIP MIAMI FL

TITLE ☐ DELETE

NAME D GARCIA, ELIA  
STREET ADDRESS 5776 S.W. 54TH TERRACE  
CITY - ST - ZIP MIAMI FL 33172

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME D OROZCO, ILEANA G.  
1.2 NAME 1102 N.W. 128 PL.  
1.3 STREET ADDRESS MIAMI, FL. 33182  
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

NAME D OROZCO, TOMAS I.  
2.2 NAME 1102 N.W. 128 PL.  
2.3 STREET ADDRESS MIAMI, FL. 33182  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

NAME  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE:

*Sandra B. Mortham*

4-22-98 (305) 228-9127

CR2E034 (10/97)