

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000002476 (5)

1. Corporation Name

HEALTHCARE SYSTEMS U.S.A. OF DADE, INC.



Principal Place of Business

Mailing Address

13 SE 16TH STREET
FT LAUDERDALE FL 33316

13 SE 16TH STREET
FT LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/03/1996

2. Principal Place of Business

21 11645 Biscayne Blvd.

2a. Mailing Address

26 3696 N. Federal Hwy

4. FEI Number

65-0630258

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 Suite 400

27 Suite 202

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

City & State

23 North Miami, FLORIDA

28 Fort Lauderdale, FL

24 33181

25 U.S.A.

29 33308

30 U.S.A.

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUPTA, MAHENDRA P

~~43 SE 16TH STREET~~ SEE ADDRESS CHANGE
~~FT LAUDERDALE FL 33316~~

81 Name

GUPTA, Mahendra P.

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

3696 N. Federal Highway

83

Suite 202

84

Fort Lauderdale

FL

85

Zip Code

33308

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 then if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
GUPTA, MAHENDRA P
13 SE 16TH STREET
FT LAUDERDALE FL 33316

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

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 employed 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:

2/23/98

CP2E034 (10/97)