FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90081 025 ***150.00

DOCUMENT # ~~G96017000271~~ P96000002476

1. Entity Name
HEALTHCARE SYSTEMS USA OF DADE INC.

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2. Principal Place of Business		3. Mailing Address	
16853 NE 2nd Ave		2010 NE 24 5th street	
Suite, Apt. #, etc. SUITE 304		Suite, Apt. #, etc.	
City & State NORTH MIAMI BEACH, FL		City & State FORT LAUDERDALE, FL.	
Zip 33162	Country DADE.	Zip 33308.	Country BROWARD

4. FEI Number 65-0630258 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name ~~ANDREA LIVERPOOL~~
Street Address (P.O. Box Number is Not Acceptable) 16853 NE 2nd AVE
SUITE 304
City NORTH MIAMI BEACH **FL** Zip Code 33162

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8. 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 ______ [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	GUPTA MAHENDRA P	NAME	
STREET ADDRESS	16853 NE 2nd AVE # 304	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/26/02 (954) 565-4700.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #