

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90134 017 ***150.00

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DOCUMENT # P96000002476

1. Entity Name
HEALTHCARE SYSTEMS U.S.A. OF DADE, INC.



Principal Place of Business
**16853 N.E. SECOND AVENUE
SUITE 304
NORTH MIAMI BEACH FL 33162
US**

Mailing Address
**2010 N.E. 45TH STREET
FORT LAUDERDALE FL 33308
US**

11011934



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0630258**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIVERPOOL, ANDREA
16853 N.E. SECOND AVENUE
SUITE 304
NORTH MIAMI BEACH FL 33162**

Name **DOSHI, SUDHA**
Street Address (P.O. Box Number is Not Acceptable)
16853 N.E. SECOND AVENUE, SUITE 304
City **NORTH MIAMI BEACH FL** Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sudha Doshi*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GUPTA, MAHENDRA P**
STREET ADDRESS **16853 N.E. SECOND AVENUE- SUITE 304**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☒ Change ☐ Addition
NAME **DOSHI, SUDHA**
STREET ADDRESS **16853 N.E. SECOND AVENUE, SUITE 304**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sudha Doshi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03 **(954) 565-4700**
Date Daytime Phone #

CR2E034 (10/02)