

ANNUAL BUSINESS REPORT (UBR)

DOCUMENT # **P96000037574**
1. Entity Name
HEALTH SYSTEMS INTERNATIONAL, INC.

P96000037974

Principal Place of Business
**4430 ROYAL PALM AVENUE
MIAMI BEACH FL 33140**

Mailing Address
**4430 ROYAL PALM AVENUE
MIAMI BEACH FL 33140**

2. Principal Place of Business
1800 SUNSET HARBOUR DR.

3. Mailing Address
1800 SUNSET HARBOUR DR.

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33139

Country
USA

6. Name and Address of Current Registered Agent
**CASTRO, FRANK
4430 ROYAL PALM AVENUE
MIAMI BEACH FL 33140**

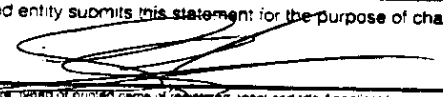
AMENDED FILED
02 JUN -7 AM 10:45
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

4. FEI Number
05-0870524

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

7. Name and Address of New Registered Agent
Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
1800 SUNSET HARBOUR DR
City **MIAMI BEACH FL** Zip Code **33139**

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  DATE **6/4/02**

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

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASTRO, FRANK		NAME		
STREET ADDRESS	4430 ROYAL PALM AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH FL 33140		CITY - ST - ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	ROFFWARG, BETTY		NAME		
STREET ADDRESS	4430 ROYAL PALM AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH FL 33140		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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

SIGNATURE:  DATE **6/4/02** **305-5347472**