2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037974

1. Entity Name
HEALTH SYSTEMS INTERNATIONAL, INC. P96000037974

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
1800 SUNSET HARBOUR DR.	1800 SUNSET HARBOUR DR.
Suite, Apt. #, etc. 1111	Suite, Apt. #, etc. 1111
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33139 Country USA	Zip 33139 Country USA.

4. FEI Number **65-0670524** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASTRO, FRANK
4430 ROYAL PALM AVENUE
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name: Same
Street Address (P.O. Box Number is Not Acceptable): 1800 SUNSET HARBOUR DR #1111
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 ______ 6/4/02
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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, FRANK 4430 ROYAL PALM AVENUE MIAMI BEACH FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300005893973--4 -06/21/02--01006--002 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROFFWARG, BETTY 4430 ROYAL PALM AVENUE MIAMI BEACH FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition JR 6/1/09
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE: ______ 6/4/02 305 5347472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #