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FILED
May 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045926 (8)

1. Corporation Name
HEALTHCARE SERVICES, INC.

Principal Place of Business

PO BOX 823304
SO FL FL 33082

Mailing Address

PO BOX 823304
SO FL FL 33082-3304



2. Principal Place of Business

21 3042 N. Federal Hwy

Suite, Apt. #, etc.

22 Second Floor

City & State

23 Ft. Lauderdale, FL

Zip

24 33306

Country

25 BROWARD

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/28/1996

3a. Date of Last Report

5/96

4. FEI Number

65-0679832

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'NAN, JAMES M
3550 S UNIVERSITY DRIVE
FT LAUDERDALE FL 33328-2003

10. Name and Address of New Registered Agent

81 Name James N. Bush, Attorney at Law

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

3042 N. Federal Hwy.

83

Second Floor

84 City

Ft. Lauderdale

FL

85 Zip Code

33306

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

James N. Bush

(NOTE: Registered Agent signature required when reinstating)

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME O'NAN, JAMES M
STREET ADDRESS PO BOX 823304 N/A
CITY-ST-ZIP SO FL FL 33082

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Treasurer ☒ Change ☐ Addition
1.2 NAME D. P. Wetzel
1.3 STREET ADDRESS 3042 N. Federal Hwy, Second Floor
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33306

2.1 TITLE Secretary ☒ Change ☐ Addition
2.2 NAME James M. O'Nan
2.3 STREET ADDRESS 3042 N. Federal Hwy, Second Floor
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33306

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

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

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

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

14. I do 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 empowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

DATE

954-472-6187

Daytime Phone

CR2E034 (9/96)