

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90850 038 ***150.00

DOCUMENT # P96000045926

1. Entity Name

HEALTHCARE SERVICES, INC.

Principal Place of Business

Mailing Address

4611 S. UNIVERSITY DR.
SUITE 202
DAVIE FL 33328
USP.O. BOX 550482
FT. LAUDERDALE FL 33355-0482
US

2. Principal Place of Business

3. Mailing Address

6191 W. Atlantic Blvd.

P. O. 771477

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

City & State

City & State

Margate, FL

Coral Springs, FL

Zip

Zip

33063

33077-1477

Country

Country

Broward

Broward

4. FEI Number

65-0679832

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'NAN, JAMES M
4611 S. UNIVERSITY DR.
SUITE 202
DAVIE FL 33328

Name

James M. O'Nan

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

6191 West Atlantic Blvd., Ste 5

City

Margate, FL

FL

Zip Code

33063

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, 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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
STD	WETZEL, D.P.	4611 S. UNIVERSITY DR. STE. 202	DAVIE FL 33328	President	James M. O'Nan	6191 West Atlantic Blvd, Ste 5	Margate, FL 33063
PD	O'NAN, JAMES M	4611 S. UNIVERSITY DR. STE. 202	DAVIE FL 33328	Secretary	D. P. Wetzel	6191 W. Atlantic Blvd., Ste 5	Margate, FL 33063

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

954-972-2278

Daytime Phone #

CR2E034 (9/99)