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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000047269

1. Corporation Name

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90120 045 ***150.00

HEALTH	CARE SYSTEMS U.S.A., DIS	IRICT 6, INC.						
Principal Place	e of Business	Mailing Address						
	AL HWY.SUITE 202	3696 N FEDERAL HWY.SUIT	E 202					
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE		SPACE		
					3. Date Incorporated or Qualifed			
					05/27/1997			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			plied For
21 3804	Gunn Histiway	26			65-0757483			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22 Su/F	<u>~</u>	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	\$5.00	
23 Tam	,	28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Country		8. This corporation owes the curr	rent year Inta	ngible	
24 3362	14 25 USA	29	30		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New	Registered A	gent	
CLIT	a, mahendra P		81	Name	rifer Solana			
	N FEDERAL HWY,SUITE 202		82	Street_Addres	ss (P.O. Box Number is Not Accept	able)	· 1	2
	AUDERDALE FL 33308		83	3800	4 GUND HISTOWO	4,24	116	
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-			84	City Tan	D4	FL	85 Zip (624
					ו <i>ש</i> ו			
44 Purcuent	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the above	named corno	ration submits this statement for the	purpose of o	hanging its	registered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	i Fiorida. Such change was au	itnonzea by	e-named corpor the corporation	ration submits this statement for the	purpose of o pt the appoin	hanging its tment as re	registered gistered
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14. 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 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 received 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 attach part with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PR