

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047269

1. Entity Name
HEALTHCARE SYSTEMS U.S.A., DISTRICT 6, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90917 041 ***150.00

Principal Place of Business
3804 CUNN HWY
STE. B
TAMPA FL 33624

Mailing Address
3696 N FEDERAL HWY. SUITE 202
FT LAUDERDALE FL 33308

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2010 NE 45th street
Suite, Apt. #, etc.

City & State
FT LAUDERDALE, FL

Zip
33308



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0757483
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SOLANA, JENNIFER
3804 CUNN HWY STE. B
TAMPA FL 33624

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	3696 N. FEDERAL HWY., SUITE 202		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
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 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

04/25/01 C9540 565-4700
Date Daytime Phone #

024788

CR2E034 (10/00)