2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am § Secretary of State DOCUMENT # P97000047269 1. Entity Name 05-07-2002 90257 047 ***150.00 HEALTHCARE SYSTEMS U.S.A., DISTRICT 6, INC. Principal Place of Business Mailing Address 3804 CUNN HWY 2010 N E 45TH STREET STE. B FT LAUDERDALE FL 33308 TAMPA FL 33624 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0757483 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent = --7. Name and Address of New Registered Agent PATRICIA NORTON SOLANA, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 3804 CUNN HWY STE. B TAMPA FL 33624 3804 GUNN HWY SUITE City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PCEO** ☐ Delete TITLE Change ☐ Addition NAME GUPTA, MAHENDRA P NAME STREET ADDRESS 3696 N. FEDERAL HWY., SUITE 202 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP The state of the s TITLE TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 pour least one of the corporation of the receiver or trustee empowered to execute this report as pour least one of the corporation of the receiver or trustee empowered to execute this report as pour least one of the corporation of the receiver or trustee empowered to execute this report as pour least one of the corporation of the receiver or trustee empowered to execute this report as pour least one of the corporation of the receiver or trustee empowered to execute this report as pour least one of the corporation of the receiver or trustee empowered to execute this report as pour least one of the corporation of the receiver or trustee empowered to execute this report as pour least one of the corporation of the receiver or trustee empowered to execute this report as pour least one of the corporation of the corporation of the receiver or trustee empowered to execute this report as pour least one of the corporation of th

SIGNATURE:

changed, or on an attach

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF