

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91791 045 ***158.75

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DOCUMENT # P98000014876

1. Entity Name

HEALTH SYSTEMS AMERICA MANAGEMENT CO.



Principal Place of Business
555 S.W 148 AVENUE STE 121
SUNRISE FL 33325

Mailing Address
P.O. BOX 430740
MIAMI FL 33243
US

2. Principal Place of Business
1550 Madruga Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 208

City & State

Coral Gables, FL

Zip

33146

Country

U.S.A.

Zip

Country

4. FEI Number

65-0813817

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PIERCEY, MICHAEL C**
STREET ADDRESS **555 S.W 148 AVENUE #121**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **PD** ☒ Change ☐ Addition
NAME **Piercey, Michael C**
STREET ADDRESS **1550 Madruga Avenue #208**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE **VSTD** ☐ Delete
NAME **LLANO, MANUEL R**
STREET ADDRESS **555 S.W 148 AVENUE #121**
CITY-ST-ZIP **SUNRISE FL 33325**

TITLE **VSTD** ☒ Change ☐ Addition
NAME **Llano, Manuel R**
STREET ADDRESS **1550 Madruga Avenue #208**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **Manuel R. Llano**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 **305-663-4656**

Date

Daytime Phone #

CR2E034 (10/02)