

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90023 029 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000039715			
1. Entity Name HEALTHCARE SERVICES OF AMERICA, INC.			
Principal Place of Business 1042 SW 156 AVE PMB # 144 PEMBROKE PINES FL 33027 US		Mailing Address 1042 SW 156 AVE PMB # 144 PEMBROKE PINES FL 33027 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0837081		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAPOPORT, ALLEN J 999 PONCE DE LEON BLVD. #1110 CORAL GABLES FL 33134		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 _____ (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. <input type="checkbox"/> (See criteria on back)		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS P LOPEZ, AMERICA 1042 SW 156 AVE. PEMBROKE PINES FL 33027		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	
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: <i>America Lopez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>12/31/00</i> Daytime Phone # <i>(954) 431-2843</i>	