

# 2002 UNIFORM BUSINESS REPORT (UBR)

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.

City & State

Zip Country

6. Name and Address of Current Registered Agent

RAPOPORT, ALLEN J  
999 PONCE DE LEON BLVD. #1110  
CORAL GABLES FL 33134

4. FEI Number 65-0837081

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

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, 2002 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

TITLE P  
NAME LOPEZ, AMERICA  
STREET ADDRESS 1042 SW 156 AVE.  
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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: *America Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 (954) 433-4299  
Date Daytime Phone #

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90016 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2034 (9/01)