2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# P98000039715

Entity Name: HEALTHCARE SERVICES OF AMERICA, INC.

Current Principal Place of Business:

1042 SW 156 AVE
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

625 SW 157 AVENUE
PEMBROKE PINES, FL 33027 US

Current Mailing Address:

18331 PINES BLVD
PMB # 144
PEMBROKE PINES, FL 33027 US

New Mailing Address:

FEI Number: 65-0837081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOPEZ, AMERICA
Address: 1042 SW 156 AVE.
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOPEZ, AMERICA
Address: 625 SW 157 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMERICA L. MENDEZ PRES 05/01/2004

Electronic Signature of Signing Officer or Director Date