

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

09-14-2001 90005 005 ***550.00

DOCUMENT # P99000052489

1. Entity Name

HEALTH MANAGEMENT SERVICES GROUP, INC.



Principal Place of Business

**8105 SOUTHWEST 138TH STREET
 MIAMI FL 33158**

Mailing Address

**1393 SW 1 ST
 #302
 MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

2645 SW 37 AVE

2645 SW 37 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

703

703

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0925821

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**KOVACS, JOHN E
 1393 SW 1 ST
 #302
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

JOHN E KOVACS

Street Address (P.O. Box Number is Not Acceptable)

2645 SW 37 AVE #703

City

MIAMI

FL

Zip Code

33133

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	KOVACS, JOHN	
STREET ADDRESS	8105 SOUTHWEST 138TH STREET	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOVACS, JOHN	
STREET ADDRESS	2645 SW 37 AVE #703	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01
 Date

305-648-2929
 Daytime Phone #

CR2E034 (5/01)