

## 2600 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90184 033 \*\*\*150.00

DOCUMENT # S77607

1. Entity Name

HEALTH SERVICE RESOURCES, INC. ✓

Principal Place of Business

Mailing Address

1990 NE 163RD STREET  
 101  
 N. MIAMI BEACH FL 33162  
 US

1990 NE 163RD STREET  
 101  
 N. MIAMI BEACH FL 33162-4854  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0286129

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLDEN, GAIL  
 1990 N.E. 163 STREET  
 SUITE 101  
 NORTH MIAMI BEACH FL

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PS			<input type="checkbox"/> Delete	
	GOLDEN, GAIL	200 ISLAND BLVD #1608	AVENTURA FL 33160		
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	
				<input type="checkbox"/> Delete	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/00 (305) 944-3134