

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84788

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: HEALTHCARE SYSTEMS U.S.A., INC.

## Current Principal Place of Business:

2010 NE 45TH ST.  
STE 202  
FORT LAUDERDALE, FL 33308

## Current Mailing Address:

2010 NE 45TH STREET  
FORT LAUDERDALE, FL 33308 US

## New Principal Place of Business:

2000 NE 45TH ST.  
STE 202  
FORT LAUDERDALE, FL 33308

## New Mailing Address:

2000 NE 45TH STREET  
FORT LAUDERDALE, FL 33308 US

FEI Number: 65-0348067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NAVIN ACHARYA  
507 S E 11TH COURT  
4TH FLOOR  
FORT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

NAVIN ACHARYA  
2000 NE 45TH STREET  
FORT LAUDERDALE, FL 33308 US

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: N ACHARYA

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GUPTA, MAHENDRA P  
Address: 3696 N FEDERAL HWY STE 202  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: GUPTA, MAHENDRA P  
Address: 2000 NE 45TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: MAHENDRA P GUPTA

DP

04/26/2005

Electronic Signature of Signing Officer or Director

Date