

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39527** (9)

1. Corporation Name

HEALTHCARE DEVELOPMENT ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business

4800 N. FEDERAL HWY.
1000
BOCA RATON FL 33431
US

Mailing Address

4800 N. FEDERAL HWY.
1000
BOCA RATON FL 33431
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/29/1992

3a. Date of Last Report

05/26/1994

4. FEI Number

65-0336459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEAL, CECILIA
4800 N. FEDERAL HWY. #100D
BOCA RATON FL 33431

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

LEAL, CECILIA

STREET ADDRESS

4800 N. FEDERAL HWY. #100D

CITY-ST-ZIP

BOCA RATON FL 33431

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SAME

☐ Change

☐ Addition

TITLE

V

NAME

[REDACTED]

STREET ADDRESS

4800 N. FEDERAL HWY. #100D

CITY-ST-ZIP

BOCA RATON FL 33431

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VICE PRESIDENT

RUBEN O'NEILL

4800 N. FEDERAL HWY, SUITE 100D

BOCA RATON, FL 33431

☒ Change

☐ Addition

TITLE

T

NAME

LEAL, CRISTINA

STREET ADDRESS

4800 N. FEDERAL HWY. #100D

CITY-ST-ZIP

BOCA RATON FL 33431

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SAME

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

EX. VICE PRESIDENT

JOHN A. PAGIARULO

4800 N. FEDERAL HWY, SUITE 100D

BOCA RATON, FL 33431

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

300001391403

-01/27/95--01061--007

*****200.00

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cecilia Leal CECILIA LEAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(407) 391-2297