FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10:01

DOCUMENT # **V58790** **(9)**

1. Corporation Name
HEALTHCARE USA, INC.

Principal Place of Business	Mailing Address
8705 PERIMETER PARK BLVD STE 3 JACKSONVILLE FL 32216 US	8705 PERIMETER PARK BLVD STE 3 JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1992	3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-3138325	☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRANUM, STEPHEN
8705 PERIMETER PARK BLVD
SUITE 3
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	FEY, CHRISTOPHER	12 NAME	
STREET ADDRESS	8705 PERIMETER PARK BLVD, STE 4	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FERRELL, ERNEST	22 NAME	
STREET ADDRESS	8705 PERIMETER PARK BLVD, STE 4	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	BAIN, SAM	32 NAME	
STREET ADDRESS	38 NEWBURY ST	33 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PARKER, JEFF	42 NAME	
STREET ADDRESS	38 NEWBURY ST	43 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	44 CITY-ST-ZIP	
TITLE	DFPS	51 TITLE	☐ Change ☐ Addition
NAME	GONZALES, RICK	52 NAME	
STREET ADDRESS	8705 PERIMETER PARK BLVD STE 4	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE	VPCT	61 TITLE	☒ Change ☐ Addition
NAME	POWELL, RICHARD C.	62 NAME	VPCT BRANUM, STEPHEN
STREET ADDRESS	8705 PERIMETER PARK BLVD, STE 4	63 STREET ADDRESS	8705 PERIMETER PARK BLVD. Suite 3
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JACKSONVILLE FL 32216

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 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted with an attachment with an asterisk.

SIGNATURE: Stephen D. Branum 4/2/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
STEPHEN D. BRANUM

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