## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000001244

Entity Name: HEALTH MART SYSTEMS, INC.

FILED May 01, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

ONE POST ST

ONE POST ST., 35TH FLOOR ATTN: KAREN M. PINEDA SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 22

**Current Mailing Address: New Mailing Address:** 

ONE POST ST., 35TH FLOOR ATTN: KAREN M. PINEDA ONE POST ST

SAN FRANCISCO, CA 94104 SAN FRANCISCO, CA 94104 22

FEI Number: 94-3261009 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST., #105 TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

TIMOTHY, CANNING Name: ONE POST STREET Address: City-St-Zip: SAN FRANCISCO, CA 94104

Title: VSD

Name: BOGAN, WILLIE C ONE POST ST. Address:

SAN FRANCISCO, CA 94104 City-St-Zip:

Title: VTD

LOIACONO, NICHOLAS A Name: ONE POST STREET Address: City-St-Zip: SAN FRANCISCO, CA 94104

I hereby 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 all other like empowered.

SIGNATURE: WILLIE C BOGAN **VSD** 05/01/2012