

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026802

FILED  
Jan 25, 2006  
Secretary of State

Entity Name: HEALTH LINK SYSTEMS, INC.

**Current Principal Place of Business:**

300 NW 70TH AVE., #102  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

300 NW 70TH AVE., #102  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 27-0050797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PARKER, HARVEY  
3150 WILLOW LANE  
WESTON, FL 33331      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRISCH, SIMON  
Address: 3816 W HIBISCUS  
City-St-Zip: WESTON, FL 33332

Title: VD ( ) Delete  
Name: PARKER, JULIA  
Address: ONE IRVING PLACE, APT. U11H  
City-St-Zip: NEW YORK CITY, FL 10003

Title: SD ( ) Delete  
Name: FRISCH, MICHELLE  
Address: 3816 W HIBISCUS  
City-St-Zip: WESTON, FL 33332

Title: TD ( ) Delete  
Name: PARKER, ROBERTA  
Address: 3150 WILLOW LANE  
City-St-Zip: WESTON, FL 33331

Title: D ( ) Delete  
Name: PARKER, HARVEY  
Address: 3150 WILLOW LANE  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERTA PARKER

TD

01/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date