

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000101508

FILED
Feb 15, 2006
Secretary of State

Entity Name: HEALTHCARE INFORMATION SYSTEMS, INC.

Current Principal Place of Business:

4231 WALNUT BEND SUITE 4
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

4231 WALNUT BEND SUITE 4
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-0246729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KATEZ, WAYNE
4231 WALNUT BEND SUITE 4
JACKSONVILLE, FL 32257 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: WAYNE KATEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KATEZ, WAYNE
Address: 4231 WALNUT BEND SUITE 4
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: KATEZ, MARGARET
Address: 4231 WALNUT BEND SUITE 4
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: KATEZ, DOUGLAS
Address: 4231 WALNUT BEND SUITE 4
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: KATEZ, WAYNE
Address: 4231 WALNUT BEND SUITE 4
City-St-Zip: JACKSONVILLE, FL 32257

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: WAYNE KATEZ

Electronic Signature of Signing Officer or Director

P

02/15/2006

Date