

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064114

Entity Name: HEALTH INFORMATION INC.

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

10185 COLLINS AVE
418
BAL HARBOR, FL 33154

New Principal Place of Business:

10185 COLLINS AVE
418
BAL HARBOUR, FL 33154

Current Mailing Address:

10185 COLLINS AVE
418
BAL HARBOR, FL 33154

New Mailing Address:

10185 COLLINS AVE
418
BAL HARBOUR, FL 33154

FEI Number: 65-0456814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, SHMUEL E DR
10185 COLLINS AVE
418
BAL HARBOR, FL 33154 US

Name and Address of New Registered Agent:

KATZ, SHMUEL E MD
10185 COLLINS AVE
418
BAL HARBOUR, FL 33154 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: SHMUEL KATZ MD

02/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KATZ, SHMUEL E MD
Address: 10185 COLLINS AVE
City-St-Zip: BAL HARBOR, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: KATZ, SHMUEL E MD
Address: 10185 COLLINS AVE
City-St-Zip: BAL HARBOUR, FL 33154

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: SHMUEL KATZ MD

MD

02/05/2007

Electronic Signature of Signing Officer or Director

Date