

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 AM
Secretary of State

DOCUMENT # V33945

1. Entity Name
HEALTH SYSTEM TECHNOLOGY INC.



Principal Place of Business
129 BRIER CIR.
JUPITER, FL 33458-7370

Mailing Address
129 BRIER CIR.
JUPITER, FL 33458-7370



05062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3129441

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KEHOE, KEVIN D.
129 BRIER CIR.
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *KEHOE* KEVIN D. KEHOE, PRESIDENT 9/12/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEHOE, KEVIN D. 129BRIER CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUERBACH, BEVERLY G. 129 BRIER CIRCLE JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000773357
09/05/07-80007-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *KEHOE* KEVIN D. KEHOE, PRESIDENT.