

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000064114

**Entity Name:** HEALTH INFORMATION INC.

**Current Principal Place of Business:**

10185 COLLINS AVE  
418  
BAL HARBOUR, FL 33154

**Current Mailing Address:**

10185 COLLINS AVE  
418  
BAL HARBOUR, FL 33154

**FEI Number:** 65-0456818

**Certificate of Status Desired:** No

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

KATZ, SHMUEL EMD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name KATZ, SHMUEL EMD  
Address 10185 COLLINS AVE #418  
City-State-Zip: BAL HARBOUR FL 33154

*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:** SHMUEL KATZ MD

**PRESIDENT**

**02/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date