I hereby certify that the information indicated on this report or supplemental report is true and accura	te 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 execu	te this report as required by Chapter 607, Florida Statut	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE RONALD SOLOMON	PRESIDENT	06/10/2014

SIGNATURE: RONALD SOLOMON

Electronic Signature of Signing Officer/Director Detail

Entity Name: HEALTH FORMS & SYSTEMS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

5135 KENSINGTON CIRCLE CORAL SPRINGS, FL 33076

Current Mailing Address:

5135 KENSINGTON CIRCLE CORAL SPRINGS. FL 33076

FEI Number: 65-0553477

Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOCIATES, P.A. 2832 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 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:

Officer/Director Detail :

Title	DPS	Title	DVPT
Name	SOLOMON, RONALD S	Name	SOLOMON, CHERYL
Address	5135 KENSINGTON CIRCLE	Address	5135 KENSINGTON CIRCLE
City-State-Zip:	CORAL SPRINGS FL 33076	City-State-Zip:	CORAL SPRINGS FL 33076

Electronic Signature of Registered Agent

Certificate of Status Desired: No

FILED Jun 10, 2014 Secretary of State CC1426222050

Date

PRESIDENT

Date