

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000019066

**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

**Certificate of Status Desired:** No

**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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

*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:** RONALD SOLOMON

**PRESIDENT**

**04/07/2013**

Electronic Signature of Signing Officer/Director Detail

Date