

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 624328

1. Entity Name
HEALTH CARE MANAGEMENT SYSTEMS, INC.



Principal Place of Business

**ATTN: JOHN KIRBY
2500 SW 75TH AVE
MIAMI, FL 33155-2805 US**

Mailing Address

**ATTN: JOHN KIRBY
2500 SW 75TH AVE
MIAMI, FL 33155-2805 US**



01052006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1914594 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KIRBY, JOHN
2500 S.W. 75TH AVENUE
MIAMI, FL 33155**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

100000479563
04/10/06-80008-016 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------|
| TITLE | SPD |
| NAME | URLICH, SYLVIA |
| STREET ADDRESS | 2500 SW 75TH AVE |
| CITY- ST- ZIP | MIAMI, FL 00000, |

| | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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| CITY- ST- ZIP | |

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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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYLVIA URLICH

3/10/06

Date

**305
264-5252**

Daytime Phone #