FROM :HID

FAX NO. :3345026589

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Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90045 025 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000003744

1. Entity Name
HEALTH INFORMATION DESIGNS, INC.

40073402

Principal Place of Business	Mailing Address
~~1660 PUMPHREY AVE~~ AUBURN, AL 36832	~~1660 PUMPHREY AVE~~ AUBURN, AL 36832

04182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
391 INDUSTRY DRIVE Suite, Apt. #, etc.	391 INDUSTRY DRIVE Suite, Apt. #, etc.
City & State: AUBURN AL	City & State: AUBURN, AL
Zip: 36832 Country: USA	Zip: 36832 Country: USA

4. FEI Number: 59-1676558 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~WALLS, ALLEN P~~ ~~18802 RICHMOND PLACE DRIVE, 311~~ ~~TAMPA, FL 33647~~	Name: C T Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL 33324

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: Mary R Adams MARY R. ADAMS ASSISTANT SECRETARY 4/18/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIBENDETTO, GUY R 527 BRENTON COURT AUBURN, AL 36830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GIBSON, J. TYRONE 524 BRENTON COURT AUBURN, AL 36830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GIBSON, JUDITH S 924 BRENTON COURT AUBURN, AL 36830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 4-18-07 334-321-0332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J. TYRONE GIBSON, CEO