2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# F06000002203

Entity Name: HEALTHPLEX MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

333 EARLE OVINGTON BLVD., SUITE 300
UNIONDALE, NY 115533608

New Principal Place of Business:

Current Mailing Address:

333 EARLE OVINGTON BLVD., SUITE 300
UNIONDALE, NY 115533608

New Mailing Address:

FEI Number: 11-2714365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTERSTATE DOCUMENT FILINGS INCORPORATED
1540 GLENWAY DR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: CUCHEL, STEPHEN J DR.
Address: 333 EARLE OVINGTON BLVD., SUITE 300
City-St-Zip: UNIONDALE, NY 115533608

Title: P ( ) Delete
Name: KANE, MARTIN DR.
Address: 333 EARLE OVINGTON BLVD., SUITE 300
City-St-Zip: UNIONDALE, NY 115533608

Title: DVPS ( ) Delete
Name: SAFRAN, BRUCE DR.
Address: 333 EARLE OVINGTON BLVD., SUITE 300
City-St-Zip: UNIONDALE, NY 115533608

Title: DT ( ) Delete
Name: KANE, GEORGE DR.
Address: 333 EARLE OVINGTON BLVD., SUITE 300
City-St-Zip: UNIONDALE, NY 115533608

Title: DVP ( ) Delete
Name: RIZZUTO, PHILIP J
Address: 333 EARLE OVINGTON BLVD., SUITE 300
City-St-Zip: UNIONDALE, NY 115533608

Title: D ( ) Delete
Name: KING, DOUGLAS
Address: 333 EARLE OVINGTON BLVD., SUITE 300
City-St-Zip: UNIONDALE, NY 115533608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. STEPHEN CUCHEL CEO 04/08/2009

Electronic Signature of Signing Officer or Director Date