

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005999

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: HEALTH SYSTEMS SOLUTIONS, INC.

## Current Principal Place of Business:

405 NORTH REO STREET SUITE 300  
TAMPA, FL 33609

## New Principal Place of Business:

## Current Mailing Address:

405 NORTH REO STREET SUITE 300  
TAMPA, FL 33609

## New Mailing Address:

FEI Number: 82-0513245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAS, CARLOS A ESQ  
2525 PONCE DE LEON BLVD #400  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CFRA, LLC  
4221 W. BOYSCOUT BLVD.  
10TH FLOOR  
TAMPA, FL 33607 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: CARLOS A. MAS

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: KATZ, STEVEN  
Address: 440 SOUTH MAIN STREET  
City-St-Zip: MILLTOWN, NJ 08850

Title: VP ( ) Delete  
Name: MILVAIN, BRIAN M  
Address: 405 NORTH REO STREET SUITE 300  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: SCHREIBER, BATHSHEVA N  
Address: 1164 RARITAN AVE  
City-St-Zip: HIGHLAND PARK, NJ 08904

Title: D ( ) Delete  
Name: FRAPART, RANDALL J  
Address: 835 BILL JONES INDUSTRIAL DRIVE  
City-St-Zip: SPRINGFIELD, TN 37172

Title: VST ( ) Delete  
Name: GIBSON, SUSAN BAXTER  
Address: 405 NORTH REO STREET SUITE 300  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: LEROUX, WAYNE  
Address: 286 8TH AVE NORTH  
City-St-Zip: TIERRA VERDE, FL 337151821

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: MILVAIN, BRIAN M  
Address: 405 NORTH REO STREET SUITE 300  
City-St-Zip: TAMPA, FL 33609

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 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: SUSAN BAXTER GIBSON

CFO

04/26/2007

Electronic Signature of Signing Officer or Director

Date