

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005999

FILED
Jun 25, 2009
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:

42 W 39TH STREET, 6TH FLOOR
NEW YORK, NY 10018

Current Mailing Address:

405 NORTH REO STREET SUITE 300
TAMPA, FL 33609

New Mailing Address:

42 W 39TH STREET, 6TH FLOOR
NEW YORK, NY 10018

FEI Number: 82-0513245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
4221 W. BOYSCOUT BLVD.
10TH FLOOR
TAMPA, FL 33607 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

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

Title: PD () Delete
Name: VASHOVSKY, STAN
Address: 489 FIFTH AVENUE, THIRD FLOOR
City-St-Zip: NEW YORK, NY 10017

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: VPT () Delete
Name: LEVINE, MICHAEL G
Address: 489 FIFTH AVENUE, THIRD FLOOR
City-St-Zip: NEW YORK, NY 10017

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: VASHOVSKY, STAN
Address: 42 W 39TH STREET, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: D (X) Change () Addition
Name: BOWLES, KATHRYN
Address: 1435 WYNNEMOOR WAY
City-St-Zip: FORT WASHINGTON, PA 19034

Title: D (X) Change () Addition
Name: BREINER, MICHAEL
Address: 7730 ANN-LANE
City-St-Zip: ROANOKE, VA 24018

Title: VPT (X) Change () Addition
Name: LEVINE, MICHAEL G
Address: 42 W 39TH STREET, 6TH FLOOR
City-St-Zip: NEW YORK, NY 10018

Title: D (X) Change () Addition
Name: PRICE, JACK
Address: 12942 NE 24TH STREET
City-St-Zip: BELLEVUE, WA 98005

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: MICHAEL G LEVINE

VPT

06/25/2009

Electronic Signature of Signing Officer or Director

Date