2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# F06000006329

Entity Name: MANAGEMENT HEALTH SYSTEMS INTERNATIONAL, INC.

Current Principal Place of Business:

5608 PRINCETON AVENUE
COLUMBUS, GA 31908

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9386
COLUMBUS, GA 31908

New Mailing Address:

FEI Number: 20-5624632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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:	CHRM	( ) Delete
Name:	LEMONIER, MICHAEL K	
Address:	16 BRIDGECROFT LANE	
City-St-Zip:	BARRING HILLS, IL 60010	
Title:	P	( ) Delete
Name:	LEMONIER, MICHAEL K	
Address:	16 BRIDGECROFT LANE	
City-St-Zip:	BARRING HILLS, IL 60010	
Title:	VCHR	( ) Delete
Name:	STARKS, M. WAYNE	
Address:	5608 PRINCETON AVENUE	
City-St-Zip:	COLUMBUS, GA 31908	
Title:	V	( ) Delete
Name:	STARKS, M. WAYNE	
Address:	5608 PRINCETON AVENUE	
City-St-Zip:	COLUMBUS, GA 31908	
Title:	STD	( ) Delete
Name:	PARKER, JAMES H	
Address:	5608 PRINCETON AVENUE	
City-St-Zip:	COLUMBUS, GA 31908	

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:	

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: JAMES H PARKER STD 01/29/2009
Electronic Signature of Signing Officer or Director — Date