

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006329

FILED
Apr 26, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: CHRM
Name: LEMONIER, MICHAEL K
Address: 16 BRIDGECROFT LANE
City-St-Zip: BARRING HILLS, IL 60010

Title: P
Name: LEMONIER, MICHAEL K
Address: 16 BRIDGECROFT LANE
City-St-Zip: BARRING HILLS, IL 60010

Title: VCHR
Name: STARKS, M. WAYNE
Address: 5608 PRINCETON AVENUE
City-St-Zip: COLUMBUS, GA 31908

Title: V
Name: STARKS, M. WAYNE
Address: 5608 PRINCETON AVENUE
City-St-Zip: COLUMBUS, GA 31908

Title: STD
Name: PARKER, JAMES H
Address: 5608 PRINCETON AVENUE
City-St-Zip: COLUMBUS, GA 31908

I hereby 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 all other like empowered.

SIGNATURE: JAMES PARKER

STD

04/26/2011

Electronic Signature of Signing Officer or Director

_____ Date