

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002764

FILED  
Jul 13, 2009  
Secretary of State

Entity Name: HEALTH SYSTEM SERVICES, LTD., INC.

## Current Principal Place of Business:

6867 WILLIAMS RD  
NIAGARA FALLS, NY 19304

## New Principal Place of Business:

6867 WILLIAMS RD  
NIAGARA FALLS, NY 14304 US

## Current Mailing Address:

6867 WILLIAMS RD  
NIAGARA FALLS, NY 19304

## New Mailing Address:

6867 WILLIAMS RD  
NIAGARA FALLS, NY 14304 US

FEI Number: 16-1500957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOWD, JOHN  
11360 FORTUNE CIRCLE  
BAY E-22  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

DOWD, JOHN K  
11360 FORTUNE CIRCLE  
BAY E-22  
WELLINGTON, FL 33414 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: JOHN K, DOWD

07/13/2009

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: CPT ( ) Delete  
Name: MINICUCCI, ROBERT  
Address: 453 WOODLAND CT  
City-St-Zip: YOUNGSTOWN, NY 14174

Title: VPSD ( ) Delete  
Name: ROSE, JEFFREY  
Address: 11 COVINGTON RD  
City-St-Zip: BUFFALO, NY 14216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change ( ) Addition  
Name: MINICUCCI, ROBERT A  
Address: 453 WOODLAND CT  
City-St-Zip: YOUNGSTOWN, NY 14174

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: ROBERT A. MINICUCCI

PRES

07/13/2009

Electronic Signature of Signing Officer or Director

Date