

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002764

FILED  
Jun 13, 2011  
Secretary of State

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

**Current Principal Place of Business:**

6867 WILLIAMS RD  
NIAGARA FALLS, NY 14304 US

**New Principal Place of Business:**

**Current Mailing Address:**

6867 WILLIAMS RD  
NIAGARA FALLS, NY 14304 US

**New Mailing Address:**

**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 K  
11360 FORTUNE CIRCLE  
BAY E-22  
WELLINGTON, FL 33414 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:** CPT  
**Name:** MINICUCCI, ROBERT A  
**Address:** 453 WOODLAND CT  
**City-St-Zip:** YOUNGSTOWN, NY 14174

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

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: PAULETTE M KRUEGER

OM

06/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date