

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002467

FILED
Mar 23, 2007
Secretary of State

Entity Name: MANAGEMENT HEALTH SYSTEMS, INC.

Current Principal Place of Business:

5608 PRINCETON AVE
COLUMBUS, GA 31904

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 9386
COLUMBUS, GA 31908 US

New Mailing Address:

FEI Number: 58-2297524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARKS, M WAYNE
109 MARSH CREEK RD
FERNANDENA BEACH, FL 32034 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: C () Delete
Name: STARKE, M W
Address: 6500 WATERFORD RD
City-St-Zip: COLUMBUS, GA 31904

Title: PD () Delete
Name: LEMONIER, MICHAEL
Address: 16 RIDGECROFT LANE
City-St-Zip: BARRINGTON HILLS, IL 60010

Title: STD () Delete
Name: PARKER, JIM
Address: 311 JUNIPER MILL POND ROAD
City-St-Zip: BOX SPRINGS, GA 31801

Title: S () Delete
Name: SPROOSE, EDWARD
Address: 1043 THRID AVENUE
City-St-Zip: COLUMBUS, GA 31901

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM PARKER

STD

03/23/2007

Electronic Signature of Signing Officer or Director

Date