# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 29, 2009**
**Secretary of State**

DOCUMENT# F97000002467

**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:**

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: 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 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 01/29/2009

Electronic Signature of Signing Officer or Director — Date