

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

01-26-2004 90059 048 ***150.00

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1. Entity Name
THE HEALTHCARE INFORMATION NETWORK, INC.



Principal Place of Business
**4709 CROSSROADS PARK DRIVE
104
LIVERPOOL, NY 13088**

Mailing Address
**P.O. BOX 5657
SYRACUSE, NY 13220**

2. Principal Place of Business

3. Mailing Address

PO Box 147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Liverpool NY

Zip

Country

Zip

Country

13088

01052004

Chg-P

CR2E034 (10/03)

4. FEI Number

16-1546401

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

9. Election/Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PCD	BLAKE, KAREN	4790 ROYAL MEADOW DRIVE	LIVERPOOL, NY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSTD	BLAKE, ROBERT	4790 ROYAL MEADOW DRIVE	LIVERPOOL, NY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

Date

315-461-0456

Daytime Phone #