

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005489

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** THE HEALTHCARE INFORMATION NETWORK, INC.

**Current Principal Place of Business:**

4709 CROSSROADS PARK DRIVE  
104  
LIVERPOOL, NY 13088

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 147  
LIVERPOOL, NY 13088

**New Mailing Address:**

**FEI Number:** 16-1546401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PCD  
Name: BLAKE, KAREN  
Address: 4790 ROYAL MEADOW DRIVE  
City-St-Zip: LIVERPOOL, NY

Title: VSTD  
Name: BLAKE, ROBERT  
Address: 4790 ROYAL MEADOW DRIVE  
City-St-Zip: LIVERPOOL, NY

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: ROBERT BLAKE

VSTD

01/21/2010

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

\_\_\_\_\_  
Date