

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J39617

FILED
Apr 07, 2008
Secretary of State

Entity Name: HEALTHCARE MANAGEMENT SOLUTIONS, INC.

Current Principal Place of Business:

3161 S ST JOHNS BLUFF RD STE 2
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

3161 S ST JOHNS BLUFF RD STE 2
SUITE 6
JACKSONVILLE, FL 32246 US

New Mailing Address:

3161 S ST JOHNS BLUFF RD STE 2
JACKSONVILLE, FL 32246 US

FEI Number: 59-2824589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANK, CLIFFORD R.
2342 OCEAN WALK DRIVE W
ATLANTIC BEACH, FL 32233 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: PD () Delete
Name: FRANK, CLIFFORD R.,
Address: 2342 OCEAN WALK DR W
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLIFFORD R. FRANK

PRES

04/07/2008

Electronic Signature of Signing Officer or Director

Date