

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K44493

FILED
Mar 23, 2009
Secretary of State

Entity Name: HEALTH SERVICE AND SUPPORT SYSTEM, INC.

Current Principal Place of Business:

8100 PARK BLVD.
#32
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

% JAMES C, BERTOLAMI
8471 PARKWOOD BLVD
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 59-2917829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTOLAMI, JAMES C.
8471 PARKWOOD BLVD.
SEMINOLE, FL 33777 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: D () Delete
Name: BERTOLAMI, JAMES C.,
Address: 8471 PARKWOOD BLVD.
City-St-Zip: SEMINOLE, FL 333777

Title: PST (X) Delete
Name: BERTOLAMI, JAMES C.,
Address: 8471 PARKWOOD BLVD.
City-St-Zip: SEMINOLE, FL 333777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BERTOLAMI, JAMES C PRES
Address: 8471 PARKWOOD BLVD.
City-St-Zip: SEMINOLE, FL 333777

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: JAMES C BERTOLAMI

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date