2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 02000026854



FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90073 001 ****50.00

1. Entity Name					04-03-20	006 9007:	3 001 *:	***50.00	
HEALTH MA	ANAGEMENT AND I	NFORMATION SER	VICES,						
Principal Place of	Business	Mailing Address							
2500 SE 17 RD BLDG 100 OCALA, FL 34474		2500 SE 17 RD BLDG 100 OCALA, FL 34474							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03172006 Chg-LLC	CR2	E083 (11	/05)	
City & State		City & State		4. FEI Number 36-4510095			Applied Fo		
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desire	ed 🛮	\$5.00 Fee Re	Not Applic Additional auired	
6. Name and Address of Current Registered Agent				T	7. Name and Address of New Registered Agent				
				Name					
WILLIS, PAULA A 3201 S.W. 34TH STREET			Street Address (P.O. Box Number is Not Acceptable)						

Suite, Apt.	#, etc.		Suite, Apt. #, etc.	_		03172006	Chg-LLC	CR2E08	3 (11/05)	
City & State	8		City & State			4. FEI Numb			<u> </u>	oplied For
						36-451	0095			ot Applicable
Zip Country Zip		Cou	5. Certificate of Status Desired Fee Requ							
	6. Name an	d Address of Cu	rrent Registered Agent			7. Name and	d Address of New I	Registered Ag	ent	
WILLIS, PA	AULA A				Name	(D.O. B. N. 4		1-1		
3201 S.W. OCALA, FI	34TH STRE L 34474	ET			Street Addi	ress (P.O. Box Numb	per is not acceptable	<u></u>		
									,	
					City			FL	Zip Coo	
the obligat	named entity si tions of registere		ent for the purpose of changing	ng its registe	red office or re	egistered agent, or bo	oth, in the State of F	iorida. I am fa	miliar with	, and accept
SIGNATURE .	Signature, typed or p	rinted name of registures	agent and title if applicable.	(NOTE: Registe	red Agent signature r	required when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				
9.		MANAGING M	EMBERS/MANAGERS	10			ADDITIONS	/CHANGES		
TITLE	MGRM	WATER CONTROL	Delete		TLE .	···			☐ Change	☐ Addition
NAME	LOCKE, D. I	RUSSELL	L balat		ME					_
STREET ADDRESS	3201 SW 34				REET ADDRESS					
CITY-ST-ZiP	OCALA, FL				IY-ST-ZIP					
TITLE	MGRM	01111	☐ Delete	10	rle .			•	☐ Change	☐ Addition
NAME	LKIMBERG.	IDA W	L Delete		ME .					
STREET ADDRESS	3201 SW 34				REET ADDRESS					
CITY-ST-ZIP	OCALA, FL				TY-ST-ZIP					
	00.12.1.2		Delete	TI	n.e		··· -		☐ Change	☐ Addition
TITLE	·		L Delete		ME					
NAME STREET ADDRESS					REET ADDRESS					
CITY-ST-ZIP	i				TY-ST-ZIP					
	<u> </u>				ne				Change	Addition
TITLE			☐ Delete		UME .					
NAME	1				REET ADDRESS					
STREET ADDRESS					TY-ST-ZIP					
CITY-ST-ZIP									Chanes	- Addition
TITLE]		☐ Delete		TLE				Change	Addition
NAME	1				NATE TREET ADDRESS					
STREET ADDRESS	1				TY-SI-ZIP					
CITY-ST-ZIP										☐ Addition
MILE	1		☐ Delete		TLE				Change	
NAME	1				ME					
STREET ADDRESS	1				REET ADDRESS					
CITY-ST-ZIP				CI	TY-ST-ZIP					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	Jan 3/24/06.		
SIGNATURE AND TYPED OR PRI	(TED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Oate	Daytimo Phone #