


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90036 049 ***138.75

DOCUMENT # L02000026854 1. Entity Name HEALTH MANAGEMENT AND INFORMATION SERVICES, L.L.C.					
Principal Place of Business 2500 SE 17 RD BLDG 100 OCALA, FL 34474			Mailing Address 2500 SE 17 RD BLDG 100 OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box # 2500 SW 17th Rd Bldg 100 Suite, Apt. #, etc.		3. Mailing Address 2500 SW 17th Rd Bldg 100 Suite, Apt. #, etc.			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 36-4510095	
Zip 34471		Country Marion		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOCKE, D. RUSSELL 3201 S.W. 34TH STREET OCALA, FL 34474			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOCKE, D. RUSSELL 3201 SW 34TH ST OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LKIMBERG, IRA W 3201 SW 34TH ST OCALA, FL 34474	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

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