

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026854

FILED
Mar 03, 2009
Secretary of State

Entity Name: HEALTH MANAGEMENT AND INFORMATION SERVICES, L.L.C.

Current Principal Place of Business:

2500 SW 17TH RD BLDG.
OCALA, FL 34471

New Principal Place of Business:

2500 SW 17TH RD
BLDG 100
OCALA, FL 34471

Current Mailing Address:

2500 SW 17TH RD BLDG.
OCALA, FL 34471

New Mailing Address:

2500 SW 17TH RD
BLDG 100
OCALA, FL 34471

FEI Number: 36-4510095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCKE, D. RUSSELL
3201 S.W. 34TH STREET
OCALA, FL 34474 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LOCKE, D. RUSSELL
Address: 3201 SW 34TH ST
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LKIMBERG, IRA W
Address: 3201 SW 34TH ST
City-St-Zip: OCALA, FL 34474

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 is true and accurate and that my electronic 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: D RUSSELL LOCKE, MD

MGRM

03/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date