

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90089 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M15565

1. Corporation Name
HEALTH SYSTEMS TECHNOLOGIES, INC.



Principal Place of Business 8857 NW 2ND ST. CORAL SPRINGS FL 33071	Mailing Address 8857 NW 2ND ST. CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/17/1985

2. Principal Place of Business 21 6916 NW 66th Ave Suite, Apt. #, etc.	2a. Mailing Address 26 6916 NW 66th Ave Suite, Apt. #, etc.
23 PARKLAND, FL. City & State	28 PARKLAND, FL. City & State
24 33067 25 USA Zip Country	29 33067 30 USA Zip Country

4. FEI Number
59-2724552 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BURGESS, JAMES L.
8857 NW 2ND ST
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	PDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, JAMES	1.2 NAME	BURGESS, JAMES
STREET ADDRESS	8857 N.W. 2ND STREET	1.3 STREET ADDRESS	6916 NW 66th Ave.
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	PARKLAND, FL. 33067
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	VDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, IVETTE	2.2 NAME	BURGESS, IVETTE
STREET ADDRESS	8857 NW 2ND STREET	2.3 STREET ADDRESS	6916 NW 66th Ave.
CITY-ST-ZIP	CORAL SPRING FL	2.4 CITY-ST-ZIP	PARKLAND, FL. 33067
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BURGESS, BRADLEY
STREET ADDRESS		3.3 STREET ADDRESS	6916 NW 66th Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PARKLAND, FL. 33067
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	BURGESS, RYAN
STREET ADDRESS		4.3 STREET ADDRESS	6916 NW 66th Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PARKLAND, FL. 33067
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	BURGESS, LEESEA
STREET ADDRESS		5.3 STREET ADDRESS	6916 NW 66th Ave.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PARKLAND, FL. 33067
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James L. Burgess **JAMES L. BURGESS** 3/31/99 954-345-0737
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)