

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M66083 (0)
1. Corporation Name
HEALTHCARE SYSTEMS SOLUTION, INC.

Principal Place of Business Mailing Address
7122 SW 164TH STREET 7122 SW 164TH STREET
ARCHER FL 32618-2838 ARCHER FL 32618-2838



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/23/1988		04/03/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2865998		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing		5.00 May Be Added to Fees	
26		31		Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible	
27		32		Personal Property Tax due June 30.		Yes No	
28		33		9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
29		34		WATFORD, PAUL		81 Name	
30		35		7122 SW 164 STR		82 Street Address (P.O. Box Number is Not Acceptable)	
31		36		ARCHER FL 32618		83	
32		37				84 City	
33		38				FL 85 Zip Code	
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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Chief Executive Officer
NAME	WATFORD, PAUL MICHON	1.2 NAME	
STREET ADDRESS	7122 SW 164TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	WATFORD, DEBORAH	2.2 NAME	
STREET ADDRESS	7122 SW 164TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	Avis MacDonald	3.2 NAME	
STREET ADDRESS	7122 SW 164th Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Archer, FL 32618-2838	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: [Signature] 7-20-97 352-465-9407

CR2E034 (4/97)