

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90006 035 \*\*\*150.00

DOCUMENT # M66083

1. Corporation Name

Healthcare Systems Solution, Inc.

Principal Place of Business

Mailing Address

7122 SW 164th Street  
Archer, FL 32618

7122 SW 164th Street  
Archer, FL 32618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21. 830 South Third Street

26. 830 South Third Street

59-2865998 2

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

22. #203

27. #203

Fee Required.

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

23. Jacksonville Bch, FL

28. Jacksonville Bch, FL

Trust Fund Contribution

Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

24. 32250

25. USA

29. 32250

30. USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Deborah Watford  
7122 SW 164th St  
Archer, FL 32618

81. Name Thomas MacDonald

82. Street Address (P.O. Box Number is Not Acceptable)  
830 South Third Street #203

83.

84.

City Jacksonville Bch

FL

85. Zip Code 32250

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

Thomas MacDonald

Thomas MacDonald

Office Manager

4/24/99

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

1.1 TITLE

DELETE

1.1 TITLE

Change

Addition

NAME

1.2 NAME

C  
Paul Watford  
7122 SW 164th St  
Archer, FL 32618

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE

DELETE

2.1 TITLE

Change

Addition

NAME

2.2 NAME

P  
Avis MacDonald  
52 Franklin Ave  
Ponte Vedra Bch, FL 32082

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE

DELETE

3.1 TITLE

Change

Addition

NAME

3.2 NAME

V  
Patricia Stewart  
3350 Altamont Rd #B-10  
Birmingham, AL 35205

STREET ADDRESS

3.3 STREET ADDRESS

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE

DELETE

4.1 TITLE

Change

Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE

DELETE

5.1 TITLE

Change

Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

DELETE

6.1 TITLE

Change

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: Avis MacDonald

Avis MacDonald

4/25/99

(904) 249-4257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)