2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# N02000000632

Entity Name: HEALTH INFORMATION RESEARCH, INC.

Current Principal Place of Business:

C/O ENTERPRISE BANK.
11811 US HWY ONE
N. PALM BEACH, FL 33408 28

New Principal Place of Business:

Current Mailing Address:

C/O ENTERPRISE BANK.
11811 US HWY ONE
N. PALM BEACH, FL 33408 28

New Mailing Address:

FEI Number: 02-0542526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOST, DAVID S
1 TURTLE CREEK DR.
APT. A
TEQUESTA, FL 33469 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

OFFICERS AND DIRECTORS:

Title: EXD
Name: MOST, DR. DAVID S
Address: 1 TURTLE CREEK DR. APT. A
City-St-Zip: TEQUESTA, FL 33469

Title: D
Name: ORR, GRETA N
Address: 2214 ALLEN CREEK RD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D
Name: MOST, SHIRLEY F
Address: 1 TURTLE CREEK DR. APT A
City-St-Zip: TEQUESTA, FL 33469

Title: DR
Name: MOST, D S
Address: 1 TURTLE CREEK DR., APT. A
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID S. MOST DIR. 01/05/2012
Electronic Signature of Signing Officer or Director Date