

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002700

FILED
Jan 05, 2011
Secretary of State

Entity Name: HEALTH INFORMATION PROJECT, INC.

Current Principal Place of Business:

4601 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4601 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 80-0526558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRIN, RISA
4601 PONCE DE LEON BLVD
SUITE 300
CORAL GABLES, FL 33146 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: D
Name: VOLKER, MARILYN
Address: 1111 VENETIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: D
Name: SOLOMON, NANCY
Address: 3421 N MOORINGS WAY
City-St-Zip: MIAMI, FL 33133

Title: D
Name: MALOOF, FARAH
Address: 43 WESTBURY ROAD
City-St-Zip: GARDEN CITY, NY 11530

Title: D
Name: BERRIN, RISA
Address: 4601 PONCE DE LEON BLVD, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146 US

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: RISA BERRIN

D

01/05/2011

Electronic Signature of Signing Officer or Director

Date