

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31800

FILED
Jan 15, 2007
Secretary of State

Entity Name: HHCS RESEARCH INSTITUTE, INC.

Current Principal Place of Business:

3901 E. COLONIAL DRIVE
SUITE E
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3901 E. COLONIAL DRIVE
SUITE E
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-2977375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLMAN, CRAIG S.
2 SOUTH ORANGE AVE
5TH FL
ORLANDO, FL 32802 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: PDS () Delete
Name: ADAMS, N L
Address: 3901 E. COLONIAL DR.
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: MURRAY, LOUIS C.
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL

Title: DT () Delete
Name: MCCULLY, PHIL
Address: 3901 E COLONIAL DR
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: ADAMS, N L
Address: 3901 E. COLONIAL DR. STE. A
City-St-Zip: ORLANDO, FL 32803 US

Title: VPD (X) Change () Addition
Name: MURRAY, LOUIS C.
Address: 3901 E COLONIAL DR. STE. A
City-St-Zip: ORLANDO, FL 32803 US

Title: DVP (X) Change () Addition
Name: MCCULLY, PHIL
Address: 3901 E COLONIAL DR. STE. A
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: N. LOIS ADAMS

PRES

01/15/2007

Electronic Signature of Signing Officer or Director

Date