2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31800

FILED Apr 23, 2008 Secretary of State

Entity Name: HHCS RESEARCH INSTITUTE, INC. **Current Principal Place of Business: New Principal Place of Business:** 3901 E. COLONIAL DRIVE SUITE E ORLANDO, FL 32803 **New Mailing Address: Current Mailing Address:** 3901 E. COLONIAL DRIVE SUITE E ORLANDO, FL 32803 FEI Number: 59-2977375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PERLMAN, CRAIG S. 2 SOUTH ÖRANGE AVE 5TH FL ORLANDO, FL 32802 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDS () Change () Addition () Delete ADAMS, N L Name: Name: Address: 3901 E. COLONIAL DR. STE. A Address: City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: MURRAY, LOUIS C. Name: Address: 3901 E COLONIAL DR. STE. A Address: City-St-Zip: ORLANDO, FL 32803 US City-St-Zip: Title: DVP () Delete Title: () Change () Addition MCCULLY, PHIL Name: Name: 3901 E COLONIAL DR. STE. A Address: Address: City-St-Zip: ORLANDO, FL 32803 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 04/23/2008