

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31800

FILED  
Feb 17, 2011  
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:**

3901 E. COLONIAL DRIVE  
SUITE E  
ORLANDO, FL 32803 US

**Current Mailing Address:**

3901 E. COLONIAL DRIVE  
SUITE E  
ORLANDO, FL 32803

**New Mailing Address:**

3901 E. COLONIAL DRIVE  
SUITE E  
ORLANDO, FL 32803 US

**FEI Number:** 59-2977375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEARLMAN, 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  
Name: ADAMS, N LOIS  
Address: 3901 E. COLONIAL DR. STE. A  
City-St-Zip: ORLANDO, FL 32803 US

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

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

Title: D  
Name: BISZICK, MERYL  
Address: 3901 E. COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803 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: N. LOIS ADAMS

PRES

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date