

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000021064

Entity Name: FIRST HEALTH SYSTEMS, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

7450 GRIFFEN RD STE 240  
FORT LAUDERDALE, FL 33314

## New Principal Place of Business:

7450 GRIFFEN RD STE 240  
SUITE 240  
DAVIE, FL 33314

## Current Mailing Address:

7450 GRIFFEN RD STE 240  
FORT LAUDERDALE, FL 33314

## New Mailing Address:

7450 GRIFFEN RD STE 240  
SUITE 240  
DAVIE, FL 33314

FEI Number: 65-0986052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SICHAK, HARRY S  
7450 GRIFFEN RD STE 240  
FORT LAUDERDALE, FL 33314 US

## Name and Address of New Registered Agent:

SICHAK, HARRY S  
7450 GRIFFIN RD  
SUITE 240  
DAVIE, FL 33314 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: SCOTT SICHAK

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PROPHETE, GOLDIE  
Address: 7450 GRIFFEN RD STE 240  
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VPSD ( ) Delete  
Name: DENIS, FAUSTIN JR.  
Address: 7450 GRIFFEN RD STE 240  
City-St-Zip: FORT LAUDERDALE, FL 33314

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PROPHETE, GOLDIE  
Address: 7450 GRIFFEN RD STE 240  
City-St-Zip: DAVIE, FL 33314

Title: VPSD (X) Change ( ) Addition  
Name: DENIS, FAUSTIN JR.  
Address: 7450 GRIFFEN RD STE 240  
City-St-Zip: DAVIE, FL 33314

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOLDIE PROPHETE

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date