

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057293

FILED
Apr 20, 2007
Secretary of State

Entity Name: HEALTH SYSTEMS MANAGEMENT, INC.

Current Principal Place of Business:

P.O. BOX 190699
LAUDERHILL, FL 33319

New Principal Place of Business:

7491 W OAKLAND PARK BLVD
100
LAUDERHILL, FL 33319

Current Mailing Address:

7491 WEST OAKLAND PARK BLVD.
LAUDERHILL, FL 33319

New Mailing Address:

P.O. BOX 190699
LAUDERHILL, FL 33319

FEI Number: 65-1027587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UCC FILING & SEARCH SERVICES INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSTROFF, RONALD
Address: 7491 W. OAKLAND PARK BLVD.
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSTROFF, RONALD
Address: P.O. BOX 190699
City-St-Zip: LAUDERHILL, FL 33319

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

SIGNATURE: RON OSTROFF

P

04/20/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date