

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020509

FILED  
Mar 25, 2004  
Secretary of State

Entity Name: HEALTH INFORMATION SERVICES, INC.

## Current Principal Place of Business:

18050 SOUTHWEST 142ND  
MIAMI, FL 33177

## New Principal Place of Business:

## Current Mailing Address:

18050 SOUTHWEST 142ND  
MIAMI, FL 33177

## New Mailing Address:

FEI Number: 65-1081650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VELASQUEZ, SONIA  
18050 SOUTHWEST 142ND  
MIAMI, FL 33177

## 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: DPT ( ) Delete  
Name: VELASQUEZ, SONIA  
Address: 18050 SOUTHWEST 142ND  
City-St-Zip: MIAMI, FL 33177

Title: VPS ( ) Delete  
Name: VELASQUEZ, VICTOR  
Address: 18050 SW 142 CT.  
City-St-Zip: MIAMI, FL 33177

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICTOR VELASQUEZ

VPS

03/25/2004

Electronic Signature of Signing Officer or Director

Date