

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020509

FILED
Jan 16, 2009
Secretary of State

Entity Name: HEALTH INFORMATION SERVICES, INC.

Current Principal Place of Business:

4438 10TH AVENUE SE
NAPLES, FL 34117

New Principal Place of Business:

4102 OGDEN STREET
AVE MARIA, FL 34142

Current Mailing Address:

4438 10TH AVENUE SE
NAPLES, FL 34117

New Mailing Address:

5080 ANNUNCIATION CIRCLE #106-177
AVE MARIA, FL 34142

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 US

Name and Address of New Registered Agent:

VELASQUEZ, SONIA
4102 OGDEN STREET
AVE MARIA, FL 34142 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:

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: VELASQUEZ, SONIA
Address: 4137 MADISON ST
City-St-Zip: AVE MARIA, FL 34142

Title: VPS () Delete
Name: VELASQUEZ, VICTOR
Address: 4137 MADISON ST
City-St-Zip: AVE MARIA, FL 34142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: VELASQUEZ, SONIA
Address: 4102 OGDEN ST
City-St-Zip: AVE MARIA, FL 34142

Title: VPS (X) Change () Addition
Name: VELASQUEZ, VICTOR
Address: 4102 OGDEN ST
City-St-Zip: AVE MARIA, FL 34142

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: SONIA VELASQUEZ

DPT

01/16/2009

Electronic Signature of Signing Officer or Director

Date