## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000117816

FILED Apr 02, 2009 Secretary of State

Entity Name: HEALTHCARE INFORMATION MANAGEMENT GROUP, INC.

**Current Principal Place of Business: New Principal Place of Business:** HEALTHCARE INFORMATION MGMT. GRP. 8659 BAYPINE ROAD 8659 BAYPINE RD, STE 100 SUITE 100 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 US **Current Mailing Address: New Mailing Address:** C/O DONNA ERVAST PO BOX 3295 TAMPA, FL 33601 FEI Number: 59-3760711 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANEY, REID 101 EAST KENNEDY BLVD. **SUITE 3700** TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PORTELLI, ANDREW Name: Name: PO BOX 3295 Address: Address: City-St-Zip: TAMPA, FL 33601 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: ANDRADE, SHARON Name: ANDRADE, SHARON 8659 BAYPINE RD, STE 100 8659 BAYPINE RD, STE 100 Address: Address: JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 City-St-Zip: City-St-Zip: Title: (X) Change ( ) Addition () Delete Title: S/T ADAMS, GLENN C ERVAST, DONNA L Name: Name: 1201 W SWANN AVE 1201 W SWANN AVENUE Address: Address: City-St-Zip: TAMPA, FL 33606 US City-St-Zip: TAMPA, FL 33606 Title: (X) Delete Title: () Change () Addition ERVAST, DONNA L Name: Name: Address: 1201 W SWANN AVE Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip:

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: DONNA L. ERVAST S 04/02/2009