

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000117816

FILED
Mar 12, 2012
Secretary of State

Entity Name: HEALTHCARE INFORMATION MANAGEMENT GROUP, INC.

Current Principal Place of Business:

8659 BAYPINE ROAD
SUITE 100
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

C/O DONNA ERVAST
PO BOX 3295
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-3760711 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HANEY, REID
101 EAST KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602 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

OFFICERS AND DIRECTORS:

Title: D
Name: PORTELLI, ANDREW
Address: PO BOX 3295
City-St-Zip: TAMPA, FL 33601

Title: P
Name: ANDRADE, SHARON
Address: 8659 BAYPINE RD, STE 100
City-St-Zip: JACKSONVILLE, FL 32256

Title: S/T
Name: ERVAST, DONNA L
Address: 1201 W SWANN AVENUE
City-St-Zip: TAMPA, FL 33606

I hereby 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 all other like empowered.

SIGNATURE: DONNA L ERVAST

S/T

03/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date