

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90042 029 ***150.00

DOCUMENT # P03000026802

1. Entity Name

HEALTH LINK SYSTEMS, INC.



Principal Place of Business

300 NW 70TH AVE., #102
PLANTATION FL 33317

Mailing Address

300 NW 70TH AVE., #102
PLANTATION FL 33317

50016184



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0050797

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, HARVEY
3150 WILLOW LANE
WESTON FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FRISCH, SIMON
STREET ADDRESS 4761 LONGCOURT DR.
CITY-ST-ZIP SMYRNA GA 30080

TITLE VD ☐ Delete
NAME PARKER, JULIA
STREET ADDRESS ONE IRVING PLACE, APT. U11H
CITY-ST-ZIP NEW YORK CITY FL 10003

TITLE SD ☐ Delete
NAME FRISCH, MICHELLE
STREET ADDRESS 4761 LONGCOURT DR.
CITY-ST-ZIP SMYRNA GA 30080

TITLE TD ☐ Delete
NAME PARKER, ROBERTA
STREET ADDRESS 3150 WILLOW LANE
CITY-ST-ZIP WESTON FL 33331

TITLE D ☐ Delete
NAME PARKER, HARVEY
STREET ADDRESS 3150 WILLOW LANE
CITY-ST-ZIP WESTON FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME FRISCH, SIMON
STREET ADDRESS 3816 W. Hibiscus
CITY-ST-ZIP Weston, FL 33332

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME FRISCH, MICHELLE
STREET ADDRESS 3816 W. Hibiscus
CITY-ST-ZIP Weston, FL 33332

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-05

(954) 792-8100

Date

Daytime Phone #