

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026802

Entity Name: HEALTH LINK SYSTEMS, INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 27-0050797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, HARVEY
3150 WILLOW LANE
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRISCH, SIMON
Address: 3816 W HIBISCUS
City-St-Zip: WESTON, FL 33332

Title: VD () Delete
Name: PARKER, JULIA
Address: ONE IRVING PLACE, APT. U11H
City-St-Zip: NEW YORK CITY, FL 10003

Title: SD () Delete
Name: FRISCH, MICHELLE
Address: 3816 W HIBISCUS
City-St-Zip: WESTON, FL 33332

Title: TD () Delete
Name: PARKER, ROBERTA
Address: 3150 WILLOW LANE
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: PARKER, HARVEY
Address: 3150 WILLOW LANE
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: WACHTER, JULIA PARKER
Address: ONE IRVING PLACE, APT. U11H
City-St-Zip: NEW YORK CITY, FL 10003

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

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 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: ROBERTA PARKER

TD

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date