

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000026802

Entity Name: HEALTH LINK SYSTEMS, INC.

FILED
Jan 25, 2011
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

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:

PARKER, HARVEY C DR.
3150 WILLOW LANE
WESTON, FL 33331 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: HARVEY PARKER

01/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FRISCH, SIMON R ROBERTA
Address: 3816 W HIBISCUS
City-St-Zip: WESTON, FL 33332

Title: VD
Name: WACHTER, JULIA PARKER R ROBERTA
Address: 225 EAST 34TH STREET, APT. 6J
City-St-Zip: NEW YORK CITY, FL 10016

Title: SD
Name: FRISCH, MICHELLE R ROBERTA
Address: 3816 W HIBISCUS
City-St-Zip: WESTON, FL 33332

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

Title: D
Name: PARKER, HARVEY R ROBERTA
Address: 3150 WILLOW LANE
City-St-Zip: WESTON, FL 33331

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: HARVEY PARKER

VSD

01/25/2011

Electronic Signature of Signing Officer or Director

Date