

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142806

FILED  
May 15, 2009  
Secretary of State

Entity Name: HEALTH INTELLIGENCE SYSTEMS, INC.

**Current Principal Place of Business:**

51 S. MAIN AVE  
SUITE 306  
CLEARWATER, FL 33765

**New Principal Place of Business:**

105 HIGHWAY TO BAY BLVD  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

51 S. MAIN AVE  
SUITE 306  
CLEARWATER, FL 33765

**New Mailing Address:**

105 HIGHWAY TO BAY BLVD  
SAFETY HARBOR, FL 34695

FEI Number: 20-1763164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEFFNER, RONALD C OWNER  
51 SOUTH MAIN AVENUE, SUITE 306  
CLEARWATER, FL 33765 US

**Name and Address of New Registered Agent:**

HEFFNER, RONALD C OWNER  
105 HIGHWAY TO BAY BLVD  
SAFETY HARBOR, FL 34695 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

05/15/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: HEFFNER, RONALD C OWNER  
Address: 105 HIGHWAY TO BAY BLVD  
City-St-Zip: SAFETY HARBOR, FL 346955107

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: R. CARL HEFFNER

Electronic Signature of Signing Officer or Director

PRES

05/15/2009

Date