## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000123918

City-St-Zip: PALATKA, FL 32177 US

Entity Name: HEALTHCARE PRICING SERVICES, INC.

FILED May 03, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
1511 NW 6TH STREET GAINESVILLE, FL 32601	US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1511 NW 6TH STREET GAINESVILLE, FL 32601	US			
FEI Number: 20-3453330	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			· New Registered Agent:	
SIMMONS, WILLIAM J 116 HIBISCUS STREET PALATKA, FL 32177 L	JS			
The above named entity s in the State of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
In accordance with s. 607.193 Election Campaign Financing	(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P () Name: SIMMONS, WILL Address: 116 HIBISCUS \$		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J SIMMONS MR 05/03/2006