## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000139529

Entity Name: HEALTH IMPROVEMENT SYSTEMS, INC.

FILED Apr 10, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1170 NE CLEVELAND ST CLEARWATER, FL 33755 US

Current Mailing Address: New Mailing Address:

1170 NE CLEVELAND ST CLEARWATER, FL 33755 US

FEI Number: 20-3621371 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:

ULAN, FREDDIE 224 PORTREE DRIVE DUNEDIN, FL 34698 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 Date

## **OFFICERS AND DIRECTORS:**

Title: 0

 Name:
 ULAN, FREDDIE

 Address:
 224 PORTREE DRIVE

 City-St-Zip:
 DUNEDIN, FL 34698 US

Title: D,V

 Name:
 HILGERS, PEGGY

 Address:
 210 N LINCOLN AVE

 City-St-Zip:
 CLEARWATER, FL 33755 US

Title: D, P

Name: MAREN, ARTE Address: 1505 SUNSET DR.

City-St-Zip: CLEARWATER, FL 33755 US

Title:

Name: BURNESS, ROBIN
Address: 1170 NE CLEVELAND ST
City-St-Zip: CLEARWATER, FL 33755

Title: CFC

Name: CHALUPSKY, PAUL
Address: 1170 NE CLEVELAND ST
City-St-Zip: CLEARWATER, FL 33755

Title: CEO

 Name:
 PETER, BUCKLES

 Address:
 3597 OAK LAKE DR

 City-St-Zip:
 PALM HARBOR, FL 34684

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: ROBIN BURNESS S 04/10/2012