

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000041343

FILED
Nov 20, 2009
Secretary of State

Entity Name: HEALTH INFORMATION PROFESSIONALS, INC.

Current Principal Place of Business:

600 1/2 SILVERTON ST.
ORLANDO, FL 34746

New Principal Place of Business:

Current Mailing Address:

600 1/2 SILVERTON ST.
ORLANDO, FL 34746

New Mailing Address:

FEI Number: 26-2496672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELACE, LISA K
600 1/2 SILVERTON ST.
ORLANDO, FL 32808 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: LISA LOVELACE

Electronic Signature of Registered Agent

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: P () Delete
Name: LOVELACE, LISA K
Address: 600 1/2 SILVERTON ST.
City-St-Zip: ORLANDO, FL 34746

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: LISA LOVELACE

CEO

11/20/2009

Electronic Signature of Signing Officer or Director

Date