2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32592

FILED Jan 18, 2006 Secretary of State

Entity Name: HOSPITAL REIMBURSEMENT SYSTEMS, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	VA STREET			
TE 6 IONROE,	, GA 30655	US		
Current Mailing Address:		ess:	New Mailing Address:	
	VA STREET			
TE 6 IONROE,	, GA 30655	US		
El Number:	: 58-1308623	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	l Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
		NE., APT 102 S US		
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	y submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida. [*] RE:	y submits this statement for the onic Signature of Registered Ag		ed office or registered agent, or both, Date
the State	e of Florida. RE: Electro			
the State	e of Florida. RE: Electro	onic Signature of Registered Ag	gent	
the State	e of Florida. RE: Electro mpaign Financi S AND DIRE	onic Signature of Registered Aging Trust Fund Contribution (). CTORS: Delete CC STREET	gent	Date
the State IGNATUR PERFICERS Itle: Iddress:	e of Florida. RE: Electro mpaign Financi S AND DIRE CEO (MORELAND, 333 ALCOVA MONROE, GA CFO (WILLEFORD	onic Signature of Registered Aging Trust Fund Contribution (). CTORS: () Delete C C STREET A 30655 US () Delete , RICK NAY, SUITE D-6	ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: C. C. MORELAND CEO 01/18/2006