


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P32775</b>	
1. Entity Name <b>HEALTHCARE ADMINISTRATIVE SYSTEMS INC.</b>	

Principal Place of Business <b>9100 KEYSTONE CROSSING SUITE 440 INDIANAPOLIS, IN 46240 US</b>	Mailing Address <b>9100 KEYSTONE CROSSING SUITE 440 INDIANAPOLIS, IN 46240 US</b>
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02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1180891</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRIFFIN, CHRISTOPHER L  
ONE TAMPA CITY CENTER, #2100  
201 NORTH FRANKLIN STREET  
TAMPA, FL 33602**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>CP</b>	NAME <b>CLARK, PAUL R.</b>	STREET ADDRESS <b>9100 KEYSTONE CROSSING, STE #440</b>	CITY-ST-ZIP <b>INDIANAPOLIS, IN 46240</b>
TITLE <b>VC</b>	NAME <b>CLARK, PAUL R.</b>	STREET ADDRESS <b>9011 KEYSTONE CROSSING, STE #440</b>	CITY-ST-ZIP <b>INDIANAPOLIS, IN 46240</b>
TITLE <b>VST</b>	NAME <b>CLARK, PAUL R.</b>	STREET ADDRESS <b>9100 KEYSTONE CROSSING, STE #440</b>	CITY-ST-ZIP <b>INDIANAPOLIS, IN 46240</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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**DO NOT WRITE IN THIS SPACE**

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02/28/07-80086-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul R. Clark** **2/13/07** **(317) 574-3770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #