

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # P36990

1. Entity Name
HEALTH SYSTEMS CONCEPTS, INC.



Principal Place of Business
**1307 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779-2141**

Mailing Address
**1307 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779-2141**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1728641

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOGUE, L. JOAN
1307 SWEETWATER CLUB BLVD
LONGWOOD, FL 32779-2141**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000143698
04/30/04-80102-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
LOGUE, L. JOAN
1307 SWEETWATER CLUB BLV
LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
VAUGHAN, WILLIAM P.
3911 WEST WYOMING AVENUE
TAMPA, FL 33616**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PRIEST, JOHN W
151 VILLA DI ESTE TERRACE #113
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: L. Joan Logue L. JOAN Logue, President 4/28/04 407-7743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #