


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P36990 1. Entity Name HEALTH SYSTEMS CONCEPTS, INC.	
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Principal Place of Business 1307 SWEETWATER CLUB BLVD LONGWOOD, FL 32779-2141	Mailing Address 1307 SWEETWATER CLUB BLVD LONGWOOD, FL 32779-2141
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1728641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOGUE, L. JOAN 1307 SWEETWATER CLUB BLVD LONGWOOD, FL 32779-2141

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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 relistating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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05/03/05-80092-011 150.00

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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 4/30/05 407-774-5291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #