

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 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



05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1728641

Applied For
Not Applicable

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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
1564 TRAVERTINE TERR
SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000760953
05/25/07-80036-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

L. Joan Logue, Pres. 4/30/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #