2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36990

FILED Jan 06, 2009 Secretary of State

Entity Name: HEALTH SYSTEMS CONCEPTS, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	EETWATER C OOD, FL 32779			
urrent M	lailing Addre	ss:	New Mailing Addres	ss:
	EETWATER C OOD, FL 32779			
El Number	: 58-1728641	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
	JOAN EETWATER C			
ONGWC	OD, FL 32779	92141 US		
he above			purpose of changing its registere	ed office or registered agent, or both,
he above	e named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
The above in the State SIGNATU	e named entity e of Florida. RE:Electro	submits this statement for the		ed office or registered agent, or both, Date
the above the State	e named entity e of Florida. RE:Electro	submits this statement for the		
The above the Stati SIGNATU	e named entity e of Florida. RE:Electro	submits this statement for the nic Signature of Registered Ag	gent	
The above the Stati SIGNATU	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECT P (LOGUE, L. JO	submits this statement for the nic Signature of Registered Age Trust Fund Contribution (). CTORS:) Delete AN, WATER CLUB BLV	gent	Date
The above in the State SIGNATU SIGNATU SIECTION Can DFFICER itle: lame: ddress:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECT P (LOGUE, L. JO 1307 SWEET LONGWOOD, V (VAUGHAN, WI	submits this statement for the nic Signature of Registered Againg Trust Fund Contribution (). CTORS:) Delete AN, WATER CLUB BLV FL 32779) Delete LLIAM P.,	pent ADDITIONS/CHANG Title: Name: Address:	Date EES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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: L. JOAN LOGUE P 01/06/2009