

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36990

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** HEALTH SYSTEMS CONCEPTS, INC.

**Current Principal Place of Business:**

1307 SWEETWATER CLUB BLVD  
LONGWOOD, FL 327792141

**New Principal Place of Business:**

309 SWEETWATER CLUB CIRCLE  
LONGWOOD, FL 327792141

**Current Mailing Address:**

1307 SWEETWATER CLUB BLVD  
LONGWOOD, FL 327792141

**New Mailing Address:**

309 SWEETWATER CLUB CIRCLE  
LONGWOOD, FL 327792141

**FEI Number:** 58-1728641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, KATHLEEN S  
1307 SWEETWATER CLUB BLVD  
LONGWOOD, FL 327792141 US

**Name and Address of New Registered Agent:**

ANDERSON, KATHLEEN S  
309 SWEETWATER CLUB CIRCLE  
LONGWOOD, FL 327792141 US

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.

SIGNATURE:

04/30/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ANDERSON, KATHLEEN S  
Address: 309 SWEETWATER CLUB CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: V  
Name: VAUGHAN, WILLIAM P  
Address: 3911 WEST WYOMING AVENUE  
City-St-Zip: TAMPA, FL 33616

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN S. ANDERSON

PRES

04/30/2011

Electronic Signature of Signing Officer or Director

Date