FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000032543 (9)**

1. Corporation Name

HEALTH SYSTEMS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
6160 N DAVIS HWY PENSACOLA FL 32504	890 LEXINGTON ROAD SUITE HSC PENSACOLA FL 32514 US

2. Principal Place of Business	2a. Mailing Address
21 HERITAGE MEDICAL PARK	26
Suite, Apt. #, etc. 22 6160 N. Davis Hwy Suite 9	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA FL	City & State 28
Zip / Country 24 32504 25 USA	Zip / Country 29 30

3. Date Incorporated or Qualified: **05/01/1993**

3a. Date of Last Report: **02/06/1995**

4. FEI Number: **59-3189960** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DONOFRIO, ROBERT N
6160 N. DAVIS HWY SUITE 9
HERITAGE MEDICAL PARK
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name: ROBERT N DONOFRIO
82 Street Address (P.O. Box Number is Not Acceptable): 890 LEXINGTON ROAD SUITE HSC
83
84 City: PENSACOLA FL 85 Zip Code: 32514

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable — (Both Florida Registered Agent's signature is required when changing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DONOFRIO, ROBERT N		1.2 NAME	
STREET ADDRESS	890 LEXINGTON RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Donofrio — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Donofrio
890 Lexington Road
Pensacola, FL 32514

2/28/96 — DATE

(904) 484-3560 — Daytime Phone #