

DOCUMENT # P93000032543

1. Entity Name

HEALTH SYSTEMS CONSULTANTS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90067 023 ***150.00

Principal Place of Business HEALTH SYSTEMS CONSULTANTS 890 LEXINGTON ROAD PENSACOLA FL 32514 US	Mailing Address 890 LEXINGTON ROAD SUITE HSC PENSACOLA FL 32514-9511 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	59-3189960	Applied For	Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DONOFRIO, ROBERT N 890 LEXINGTON ROAD SUITE HSC PENSACOLA FL 32514	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONOFRIO, ROBERT N 890 LEXINGTON RD PENSACOLA FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert N. Donofrio SIGNATURE: ROBERT N. DONOFRIO President 01-05-2000 850 484 3560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #