


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P93000032543	
1. Entity Name HEALTH SYSTEMS CONSULTANTS, INC.	

Principal Place of Business HEALTH SYSTEMS CONSULTANTS 890 LEXINGTON ROAD PENSACOLA, FL 32514 US	Mailing Address 890 LEXINGTON ROAD SUITE HSC PENSACOLA, FL 32514 US
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DO NOT WRITE IN THIS SPACE



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3189960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONOFRIO, ROBERT N
890 LEXINGTON ROAD
SUITE HSC
PENSACOLA, FL 32514

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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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000890083 04/23/08-80003-016 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOFRIO, ROBERT N 890 LEXINGTON RD PENSACOLA, FL 32514
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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: Robert Donofrio Robert Donofrio PRESIDENT April 7, 2008 850-484-3560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #