# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 04, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P93000064114

1. Entity Name
HEALTH INFORMATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10185 COLLINS AVE<br>418<br>BAL HARBOR, FL 33154 | 10185 COLLINS AVE<br>418<br>BAL HARBOR, FL 33154 |

02172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0456814
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KATZ, SHMUEL E DR
10185 COLLINS AVE
418
BAL HARBOR, FL 33154

**DO NOT WRITE 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 DSKL6M Shmuel Katz MD 2.26.05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | KATZ, SHMUEL E MD |
| STREET ADDRESS | 10185 COLLINS AVE |
| CITY-ST-ZIP | BAL HARBOR, FL 33154 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000250626
03/04/05-80018-021 150.00

**DO NOT WRITE IN THIS SPACE**

12. *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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.*

**SIGNATURE:** DSKL6M Shmuel Katz MD 2.26.05 305-864-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #