


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000064114

1. Entity Name
HEALTH INFORMATION INC.



Principal Place of Business 10185 COLLINSAE 418 BAL HARBOR, FL 33154	Mailing Address 10185 COLLINSAE 418 BAL HARBOR, FL 33154
--	--

DO NOT WRITE IN THIS SPACE

(P 9 3 0 0 0 0 6 4 1 1 4 P)

02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0456814	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

**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 _____ DATE **02/24/06-80058-009 150.00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, SHMUEL E MD 10185 COLLINS AVE 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	

DO NOT WRITE IN THIS SPACE

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: *Shmuel E. Katz MD* **2.7.06** **3058647770**

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