

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2011
Secretary of State

Entity Name: HEALTH BUSINESS SYSTEMS, INC.

Current Principal Place of Business:

2441 WARRENVILLE ROAD, SUITE 610
LISLE, IL 605323642 US

New Principal Place of Business:

738 LOUIS DRIVE
WARMINSTER, PA 18974 US

Current Mailing Address:

2441 WARRENVILLE ROAD, SUITE 610
LISLE, IL 605323642 US

New Mailing Address:

FEI Number: 23-2171049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: THIERER, MARK
Address: 2441 WARRENVILLE ROAD, SUITE 610
City-St-Zip: LISLE, IL 605323642 US

Title: CFO
Name: PARK, JEFFREY
Address: 2441 WARRENVILLE ROAD, SUITE 610
City-St-Zip: LISLE, IL 605323642 US

Title: D
Name: THIERER, MARK
Address: 2441 WARRENVILLE ROAD, SUITE 610
City-St-Zip: LISLE, IL 605323642 US

Title: D
Name: PARK, JEFFREY
Address: 2441 WARRENVILLE ROAD, SUITE 610
City-St-Zip: LISLE, IL 605323642 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY PARK

CFO

01/06/2011

Electronic Signature of Signing Officer or Director

Date