

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Sep 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000055765 (9)**

1. Corporation Name

HEALTH INFORMATION COPY SERVICE, INC.

Principal Place of Business

**4815 E. BUSH BLVD
STE 208D
TAMPA FL 33611
US**

Mailing Address

**P.O. BOX 310027
TAMPA FL 33680-0027
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1994

4. FEI Number

59-3256646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SANTA-CRUZ, NANCY S
1102 LITHIA-PINECREST ROAD
BRANDON FL 33511**

*Please change
suite # to
208-E*

ess (P.O. Box Number is Not Acceptable)

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.
office or registered agent, or both, in the State of Florida
agent. I am familiar with, and accept the obligation of, §

SIGNATURE

[Signature]

NOTE: Registered Agent signature required when reinstating

DATE

9-3-98

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **SANTA-CRUZ, NANCY S**
STREET ADDRESS **1102 LITHIA-PINECREST ROAD**
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

9-3-98

CR2E034 (10/97)