


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P96000013611 1. Entity Name HEALTHCARE MANAGEMENT STRATEGIES, INC. |  |
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| Principal Place of Business 10207 RADCLIFFE DRIVE TAMPA, FL 33626-2515 US | Mailing Address 10207 RADCLIFFE DRIVE TAMPA, FL 33626-2515 US |
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07032006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0640262 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HASAN, TARIK K
 10207 RADCLIFFE DRIVE
 TAMPA, FL 33626-2515**

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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
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD HASAN, TARIK 10207 RADCLIFFE DRIVE TAMPA, FL 336262515 |
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 07/12/06-80010-002 158.75

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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:  **TARIK HASAN** **7/8/06** (813)925-1554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #