

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000028839

1. Entity Name
HEALTHPRO MANAGEMENT AND AUTOMATION
SYSTEMS, INC.



Principal Place of Business
32 E. MAGNOLIA AVE
SUITE 1
EUSTIS, FL 32726 US

Mailing Address
1351 TYRINGHAM RD
EUSTIS, FL 32726 US

FILED
05 AUG 22 PM 4:09

SECRET
FALL 2005



2. Principal Place of Business

3. Mailing Address

32 E. Magnolia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 1

08052005

Chg-P

CR2E034 (10/03)

City & State

City & State

Eustis, FL

4. FEI Number

59-3370454

Applied For

Not Applicable

Zip

Country

Zip

32726

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRINE, DANIEL V
1351 TYRINGHAM ROAD
EUSTIS, FL 32726

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code
32301

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.

Corporation Service Company

SIGNATURE By: Vera Norris, Authorized Representative August 8, 2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME PERRINE, DANIEL V
STREET ADDRESS 1351 TYRINGHAM ROAD
CITY-STATE-ZIP EUSTIS, FL 32726

TITLE P/D ☐ Change ☒ Addition
NAME Greg E. Lindberg
STREET ADDRESS 2222 Sedwick Rd.
CITY-STATE-ZIP Durham, NC 27713

TITLE V ☒ Delete
NAME LESTER, MARIAH S
STREET ADDRESS 1003 BRISTOL LAKE RD. APT 204
CITY-STATE-ZIP MT. DORA, FL 32757

TITLE AS ☐ Change ☒ Addition
NAME William N. Wofford
STREET ADDRESS 3110 Edwards Mill Rd, Suite 100
CITY-STATE-ZIP Raleigh, NC 27612

TITLE V ☒ Delete
NAME LESTER, MATTHEW D
STREET ADDRESS 455 OHIO BLVD
CITY-STATE-ZIP EUSTIS, FL 32726

TITLE ☐ Change ☐ Addition
NAME 500059140515
STREET ADDRESS 08/31/05--01002--015 **\$61.25
CITY-STATE-ZIP

TITLE V ☒ Delete
NAME PERRINE, REBECCA E
STREET ADDRESS 1351 TYRINGHAM ROAD
CITY-STATE-ZIP EUSTIS, FL 32726

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

William N. Wofford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/19/05

919 829 9600