

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90047 029 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000004193 ✓

Corporation Name HEALTH CARE COMPENSATION
INFORMATICS INC

Principal Place of Business Mailing Address

4431 ALTON RD. 4431 ALTON RD.
MIAMI BCH FL 33140 MIAMI BCH FL 33140

Principal Place of Business 2a. Mailing Address

4431 ALTON RD. 4431 ALTON RD.
MIAMI BCH FL 33140 MIAMI BCH FL 33140

26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 1-14-97

4. FEI Number 65-0733522

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ROBERT J. ROMANO
4431 ALTON ROAD
MIAMI BEACH FL 33140

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

In accordance with the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

OFFICERS AND DIRECTORS ☐ DELETE

PD ROBERT J. ROMANO
4431 ALTON RD.
MIAMI BEACH FL 33140

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999 ☐ Change ☐ Addition

13. 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE VP
 2.2 NAME LOUIS DIPIERD
 2.3 STREET ADDRESS 1400 GATESIDE COURT
 2.4 CITY-ST-ZIP SNELLVILLE GA 30078

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 contained 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, with all other like empowered.

SIGNATURE: Robert J. Romano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed