


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000039701</b>	
1. Entity Name <b>HEALTH RECORD SERVICES INC.</b>	

Principal Place of Business <b>15809 SW 99 TERRACE MIAMI, FL 33196</b>	Mailing Address <b>15809 SW 99 TERRACE MIAMI, FL 33196</b>
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05082008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0757496</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>GUERRA, VIVIAN 15809 SW 99 TERRACE MIAMI, FL 33196</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>06/04/08-80021-016 150.00</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GUERRA, VIVIAN 15809 SW 99 TERRACE MIAMI, FL 33196</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GUERRA, MARCELO 15809 SW 99 TERR. MIAMI, FL 33196</b>
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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: <u><i>Vivian E. Guerra</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u><b>5/8/08</b></u> <small>Daytime Phone #</small>