

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088009

Entity Name: FISS, INC.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 336370925

New Principal Place of Business:

Current Mailing Address:

13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 336370925

New Mailing Address:

FEI Number: 59-3474027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JOYCE
13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 336370925 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERNASEK, THOMAS L MD
Address: 13020 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: D () Delete
Name: GUSTKE, KENNETH A MD
Address: 13020 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: D () Delete
Name: GASSER, SETH I M.D.
Address: 13020 TELECOM PARKWAY NORTH
City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: D () Delete
Name: BOLHOFNER, BRETT M
Address: 4600 6TH ST. N.
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: DAVIDSON, PHILIP M
Address: 4000 PARK ST N
City-St-Zip: ST. PETERSBURG, FL

Title: D () Delete
Name: GOMEZ, JOSE MD
Address: 5319 GRAND BLVD
City-St-Zip: NEW PORT RICHEY, FL 346524014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BERNASEK, MD

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date