## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000088009

Entity Name: FISS, INC.

FILED Jan 12, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13020 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 336370925

Current Mailing Address: New Mailing Address:

13020 TELECOM PARKWAY NORTH TEMPLE TERRACE, FL 336370925

FEI Number: 59-3474027 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, JOYCE

13020 TELECOM PARKWAY NORTH
TEMPLE TERRACE, FL 336370925 US

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

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: JOYCE ANDERSON 01/12/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: [

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

Title:

Name: GUSTKE, KENNETH A MD

Address: 13020 TELECOM PARKWAY NORTH City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: D

Name: GASSER, SETH I M.D.

Address: 13020 TELECOM PARKWAY NORTH City-St-Zip: TEMPLE TERRACE, FL 336370925

Title: [

Name: BOLHOFNER, BRETT M Address: 4600 6TH ST. N. City-St-Zip: ST. PETERSBURG, FL

Title: [

Name: DAVIDSON, PHILIP M Address: 4000 PARK ST N City-St-Zip: ST. PETERSBURG, FL

Title: D

Name: GOMEZ, JOSE MD Address: 5319 GRAND BLVD

City-St-Zip: NEW PORT RICHEY, FL 346524014

I hereby 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 all other like empowered.

SIGNATURE: THOMAS BERNASEK, MD D 01/12/2010