

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099175

Entity Name: HUMAN SERVICES OUTCOMES, INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

1678 LAGO VISTA BOULEVARD
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

1678 LAGO VISTA BOULEVARD
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 59-3477579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, STEVEN E
1678 LAGO VISTA BOULEVARD
PALM HARBOR, FL 34685 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: P () Delete
Name: SIMON, STEVEN E
Address: 1678 LAGO VISTA BOULEVARD
City-St-Zip: PALM HARBOR, FL 34685

Title: TS () Delete
Name: SIMON, GAIL
Address: 1678 LAGO VISTA BOULEVARD
City-St-Zip: PALM HARBOR, FL 34685

Title: V () Delete
Name: SIMON, MATTHEW
Address: 445 WYN COURTNEY DRIVE
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: SIMON, BONNIE
Address: 1894 WOODWARD
City-St-Zip: CLEVELAND HEIGHTS, OH 44118

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:

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: STEVEN E SIMON

P

04/06/2009

Electronic Signature of Signing Officer or Director

Date