


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000036383</b> 1. Entity Name <b>HEALTHCARE INFORMATION MANAGEMENT COMPANY</b>	
--	---

Principal Place of Business <b>8748 ASHWORTH DRIVE TAMPA, FL 33647</b>	Mailing Address <b>8748 ASHWORTH DRIVE TAMPA, FL 33647</b>
---	---

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3506077</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BERNDT, DONALD J 8748 ASHWORTH DRIVE TAMPA, FL 33647</b>
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000032415</b> <b>03/19/04-800008-003 150.00</b>
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUDNICKI, JAMES 7400 SUNSHINE SKYWAY LANE S. #114 SAINT PETERSBURG, FL 33711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEVNER, ALAN 15350 AMBERLY DR #5221 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERNDT, DONALD 8748 ASHWORTH DR TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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.

<b>SIGNATURE:</b> <u><i>James Studnicki</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/17/04</u> <small>Date</small>	<u>(813) 866-6301</u> <small>Daytime Phone #</small>
--	---------------------------------------	---