

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000036383

1. Entity Name
HEALTHCARE INFORMATION MANAGEMENT COMPANY



Principal Place of Business
**8748 ASHWORTH DRIVE
TAMPA, FL 33647**

Mailing Address
**8748 ASHWORTH DRIVE
TAMPA, FL 33647**



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3506077

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERNDT, DONALD J
8748 ASHWORTH DRIVE
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

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 *Donald J. Berndt*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/31/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STUONICKI, JAMES
STREET ADDRESS 7400 SUNSHINE SKYWAY LANE S. #114
CITY-ST-ZIP SAINT PETERSBURG, FL 33711

TITLE VD
NAME HEVNER, ALAN
STREET ADDRESS 15350 AMBERLY DR #5221
CITY-ST-ZIP TAMPA, FL

TITLE VD
NAME BERNDT, DONALD
STREET ADDRESS 8748 ASHWORTH DR
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000489333
04/18/06-80013-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Donald J. Berndt*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 (813) 866-6300
Date Daytime Phone #