


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90050 010 ***150.00

| | | | |
|--|---|---|---|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent BERNDT, DONALD J 8748 ASHWORTH DRIVE TAMPA, FL 33647 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL | Zip Code |
| 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 | | DATE | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PD | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STUDNICKI, JAMES | NAME | |
| STREET ADDRESS | 7400 BUNGHINE SKYWAY LANE 6-#114 <i>Address Change</i> | STREET ADDRESS | <i>3340 Colvard Park Way</i> |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33711 | CITY-ST-ZIP | <i>Charlotte, N.C. 28269</i> |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HEVNER, ALAN | NAME | |
| STREET ADDRESS | 34034 AMERICANA AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | DADE CITY, FL 33525 | CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNDT, DONALD | NAME | |
| STREET ADDRESS | 8748 ASHWORTH DR | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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: <i>Donald J. Berndt</i> | | Date: <i>1/31/08</i> Daytime Phone #: <i>(813) 786-4217</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |