

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36990

Entity Name: HEALTH SYSTEMS CONCEPTS, INC.

Current Principal Place of Business:

309 SWEETWATER CLUB CIRCLE
LONGWOOD, FL 32779-2141

Current Mailing Address:

309 SWEETWATER CLUB CIRCLE
LONGWOOD, FL 32779-2141

FEI Number: 58-1728641

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDERSON, KATHLEEN S
309 SWEETWATER CLUB CIRCLE
LONGWOOD, FL 32779-2141 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P/D
Name ANDERSON, KATHLEEN S
Address 309 SWEETWATER CLUB CIRCLE
City-State-Zip: LONGWOOD FL 32779

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: KATHLEEN S ANDERSON

PRINCIPAL

05/02/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date