

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

## Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000505969

- 2. Name of Corporation <u>Health Systems Design Corp.</u>
- 3. Street Address Principal Business Office:

No. and Street: 2300 W. PLANO PARKWAY

City or Town: PLANO State: TX Zip: 75075 Country: USA

- 4. Business Phone No.
- 5. State of Incorporation

State: CA

6. Brief Description of the Character of Business Conducted in Rhode Island

Healthcare Consulting

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	PETER A. ALTABEF	2300 W. PLANO PARKWAY
		PLANO, TX 75075 USA
TREASURER	ELIZABETH WHITMER	2300 W. PLANO PARKWAY
		PLANO, TX 75075 USA
SECRETARY	THOMAS D. WILLIAMS	2300 W. PLANO PARKWAY
		PLANO, TX 75075 USA
VICE PRESIDENT	STEVE CURTS	2300 W. PLANO PARKWAY
		PLANO, TX 75075 USA
DIRECTOR	PETER A. ALTABEF	2300 W. PLANO PARKWAY
		PLANO, TX 75075 USA
DIRECTOR	JOSEPH BOYD	2300 W. PLANO PARKWAY
		PLANO, TX 75075 USA
DIRECTOR	THOMAS D. WILLIAMS	2300 W. PLANO PARKWAY
		PLANO, TX 75075 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares  Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.00	8,000,000.00	4459240

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**Signed this 7 Day of February, 2011 at 3:21:51 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

## By MANDELINE HENDRICKS

Signature of Authorized Representative of the Corporation

POA Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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