

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40499

FILED
Jan 30, 2009
Secretary of State

Entity Name: HOSPITAL INVESTIGATIVE SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

3201 W. COMMERCIAL BLVD.
#134
FT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

3201 W. COMMERCIAL BLVD.
#134
FT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 31-1191442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MINTON, ROBERT J
Address: 2715 HAZY HOLLOW RUN
City-St-Zip: ROSWELL, GA 30076

Title: D () Delete
Name: BERGMAN, JEFF D
Address: 6400 BROOK TREE
City-St-Zip: WEXFORD, PA 15090

Title: S () Delete
Name: ANDERSEN, JON
Address: 610 CURRIN CT
City-St-Zip: ROSWELL, GA 30076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT MINTON

_____ Electronic Signature of Signing Officer or Director

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01/30/2009

_____ Date