

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J40499

FILED  
Feb 01, 2010  
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  
Name: MINTON, ROBERT J  
Address: 2715 HAZY HOLLOW RUN  
City-St-Zip: ROSWELL, GA 30076

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

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

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: JON LEE ANDERSEN

SEC

02/01/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date