2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000097027

1. Entity Name USP DESTIN, INC.

Principal Place of Business

Mailing Address

15305 DALLAS PKWY, SUITE 1600 ADDISON, TX 75001

15305 DALLAS PKWY, SUITE 1600 ADDISON, TX 75001

FILED Mar 15, 2007 08:00 AM **Secretary of State**

CR2E034 (11/05)



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 51-0426661 Not Applicable

\$8.75 Additional 5. Certificate of Status Desired Fee Required

No Chg-P

02272007

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 Fiorida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEEN, DONALD E 15305 DALLAS PKWY STE 1600, LB 2 ADDISON, TX 75001	28				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILCOX, WILLIAM H 15305 DALLAS PARKWAY,. SUITE 1600 ADDISON, TX 75001			00000666950 03/26/07-80009-001 150.00 DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WELLIK, JOHN J 15305 DALLAS PARKWAY SUITE 1600 ADDISON, TX 75001					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JENKINS, ALEX 15305 DALLAS PKWY #1600 ADDISON, TX 75001		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP	vertify that the information expolled with this file	ing choos not qualify for the over	motions con	vained in Chapter 11	2. Florida Statutas I further contilu 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.