

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 312965

Entity Name: HOSPITAL SERVICES, INC.

Current Principal Place of Business:

1501 S. LEJEUNE ROAD
CORAL GABLES, FL 33134

Current Mailing Address:

1501 S. LEJEUNE ROAD
CORAL GABLES, FL 33134 US

FEI Number: 59-1161901

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORMAN, MAX
1501 S. LEJEUNE ROAD
CORAL GABLES, FL 33134 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 PD
Name SMITH, NICHOLAS T
Address 2535 SHELTER AVENUE
City-State-Zip: MIAMI BEACH FL 33139

Title SD
Name FORMAN, MAX (ASST)
Address 1501 S. LEJEUNE ROAD
City-State-Zip: CORAL GABLES FL 33134

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: MAX FORMAN

SECRETARY

04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date