

**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