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: NICHOLAS T. SMITH, PRES BY ATTY

PD

SMITH, NICHOLAS T 2535 SHELTER AVENUE

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: STEVEN I. WEISSMAN

Electronic Signature of Registered Agent

Officer/Director Detail :

Title Name Address City-State-Zip: MIAMI BEACH FL 33139

2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 312965

Entity Name: HOSPITAL SERVICES, INC.

Current Principal Place of Business:

C/O PALM SPRINGS GENERAL HOSPITAL 1475 WEST 49TH STREET HIALEAH, FL 33012

Current Mailing Address:

C/O PALM SPRINGS GENERAL HOSPITAL 1475 WEST 49TH STREET HIALEAH, FL 33012 US

FEI Number: 59-1161901

WEISSMAN, STEVEN I 10762 DENVER DRIVE COOPER CITY, FL 33026 US

Name and Address of Current Registered Agent:

05/20/2014 Date

PRESIDENT

Electronic Signature of Signing Officer/Director Detail

05/20/2014

FILED May 20, 2014 Secretary of State CC0541999268

Certificate of Status Desired: No