

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 312965

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** HOSPITAL SERVICES, INC.

**Current Principal Place of Business:**

1501 S. LEJEUNE ROAD  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

1501 S. LEJEUNE ROAD  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 59-1161901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORMAN, MAX  
1501 S. LEJEUNE ROAD  
CORAL GABLES, FL 33134 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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SMITH, NICHOLAS T  
**Address:** 2535 SHELTER AVENUE  
**City-St-Zip:** MIAMI BEACH, FL 33139 US

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

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

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04/23/2012

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

\_\_\_\_\_  
Date