


FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91004 049 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832022
 1. Entity Name
HOSPITAL DESIGNERS INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11330 OLIVE ST
 Suite, Apt. #, etc.

3. Mailing Address
11330 OLIVE ST
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST LOUIS MO

City & State
ST LOUIS MO

Zip
63141 Country USA

Zip
63141 Country USA

4. FEI Number 43-0923342 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE PD	NAME ESINGER EDGAR	TITLE	
STREET ADDRESS 11330 OLIVE	STREET ADDRESS	NAME	
CITY-ST-ZIP ST LOUIS MO 63141	CITY-ST-ZIP	STREET ADDRESS	
TITLE STD	NAME HOLLANDER RONALD	TITLE	
STREET ADDRESS 11330 OLIVE	STREET ADDRESS	NAME	
CITY-ST-ZIP ST LOUIS MO 63141	CITY-ST-ZIP	STREET ADDRESS	
TITLE VD	NAME SCOTT FREDERICK	TITLE	
STREET ADDRESS 11330 OLIVE	STREET ADDRESS	NAME	
CITY-ST-ZIP ST LOUIS MO 63141	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	DO NOT WRITE IN THIS SPACE
NAME	NAME	NAME	
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STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brent L Motchan Date: 4/22/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)