## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#832022**

Entity Name: HOSPITAL DESIGNERS, INC.

FILED Apr 14, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
11330 OLIV ST LOUIS,		US		
Current Mailing Address:			New Mailir	ng Address:
11330 OLIV ST LOUIS,		US		
FEI Number:	43-0923342	FEI Number Applied For ( ) FEI Nu	mber Not Appli	icable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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				
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	VD () SCOTT, FREDE 11330 OLIVE S SAINT LOUIS, M	Т	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition SCOTT, FREDERICK 11330 OLIVE ST SAINT LOUIS, MO 63141
Title: Name: Address: City-St-Zip:	STD ( ) HOLLANDER, F 11330 OLIVE S SAINT LOUIS, M	T	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD ( ) ESLINGER, ED 11330 OLIVE S SAINT LOUIS, N	т	Title: Name: Address: City-St-Zip:	VSD (X) Change ( ) Addition ANDERSON, GARY 11330 OLIVE ST SAINT LOUIS, MO 63141
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition GORDON, BRAD 11330 OLIVE ST SAINT LOUIS, MO 63141
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition CHAI, GARY 11330 OLIVE ST SAINT LOUIS, MO 63141
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition WENDLAND, BILL 11330 OLIVE ST SAINT LOUIS, MO 63141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRED SCOTT PRES 04/14/2008