

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832022

FILED
Apr 13, 2011
Secretary of State

Entity Name: HOSPITAL DESIGNERS, INC.

Current Principal Place of Business:

11330 OLIVE STR RD.
ST LOUIS, MO 63141 US

New Principal Place of Business:

Current Mailing Address:

11330 OLIVE STR RD.
ST LOUIS, MO 63141 US

New Mailing Address:

FEI Number: 43-0923342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MATTHEW, WESTPHAL
Address: 11330 OLIVE ST
City-St-Zip: SAINT LOUIS, MO 63141 US

Title: SD
Name: FRED, SCOTT
Address: 11330 OLIVE ST
City-St-Zip: SAINT LOUIS, MO 63141 US

Title: VT
Name: ANDERSON, GARY
Address: 11330 OLIVE ST
City-St-Zip: SAINT LOUIS, MO 63141 US

Title: V
Name: CHAI, GARY
Address: 11330 OLIVE ST
City-St-Zip: SAINT LOUIS, MO 63141 US

Title: D
Name: WENDLAND, BILL
Address: 11330 OLIVE ST
City-St-Zip: SAINT LOUIS, MO 63141 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: MATTHEW WESTPHAL

PRES

04/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date