

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832022

FILED  
Apr 09, 2012  
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

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04/09/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date