

DOCUMENT # F00000003280

1. Entity Name
HOSPITAL CENTRAL SERVICES COOPERATIVE, INC.

Principal Place of Business Mailing Address
1503 N. CEDAR CREST BLVD., SUITE 205 2171 28TH ST., SW
ALLENTOWN PA 18104 ALLENTOWN PA 18103

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CRIM, JESSE
1325 SAN MARCO BLVD., SUITE 401
JACKSONVILLE FL 32207

7. Name and Address of New 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE CD ☒ Delete
NAME BYRNES, THOMAS
STREET ADDRESS 801 S. OSTRUM ST.
CITY-ST-ZIP BETHLEHEM PA 18015

TITLE VCD ☒ Delete
NAME KUNTZ, GREGORY
STREET ADDRESS 700 E. BROAD ST.
CITY-ST-ZIP HAZLETON PA 18201

TITLE PD ☐ Delete
NAME LEE, J. MICHAEL
STREET ADDRESS 2171 28TH ST., SW
CITY-ST-ZIP ALLENTOWN PA 18103

TITLE V ☐ Delete
NAME BURNS, JAMES
STREET ADDRESS 1503 N. CEDAR CREST BLVD., SUITE 205
CITY-ST-ZIP ALLENTOWN PA 18104

TITLE S ☐ Delete
NAME FREDERICK, SHIRLEY
STREET ADDRESS 2171 28TH ST., SW
CITY-ST-ZIP ALLENTOWN PA 18103

TITLE T ☐ Delete
NAME FENSTERMACHER, THOMAS D
STREET ADDRESS 2171 28TH ST., SW
CITY-ST-ZIP ALLENTOWN PA 18103

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Change ☒ Addition
NAME MACAULAY, RONALD
STREET ADDRESS 1200 S. CEDAR CREST BLVD.
CITY-ST-ZIP ALLENTOWN PA 18103

TITLE VCD ☐ Change ☒ Addition
NAME BELTZ, JOHN
STREET ADDRESS 100 MEDICAL CAMPUS DRIVE
CITY-ST-ZIP LANSDALE, PA 19446

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas D. Fenstermacher TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 610-791-2222
Date Daytime Phone #

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90044 045 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1709244 Applied For
Not Applicable

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

CR2E034 (10/00)