

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90299 016 ***150.00

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
2171 28th St., S.W., Rear

Suite, Apt. #, etc. Suite, Apt. #, etc.
ALLENTOWN PA

City & State City & State
ALLENTOWN, PA

Zip Country Zip Country
18103 LEHIGH

4. FEI Number **23-1709244** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CD**
 STREET ADDRESS **MACAULAY, RONALD**
 CITY-ST-ZIP **1200 S CEDAR CREST BLVD**
ALLENTOWN PA 18103

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VCD**
 STREET ADDRESS **BELTZ, JOHN**
 CITY-ST-ZIP **100 MEDICAL CAMPUS DRIVE**
LANSDALE PA 19446

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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** **3/28/02** **610-791-2222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UNCLASIFIED

CR2E034 (9/01)