

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

~~1503 N. CEDAR CREST BLVD., SUITE 205~~
ALLENTOWN PA 18104

Mailing Address

2171 28TH ST., SW
ALLENTOWN PA 18103

2. Principal Place of Business

3. Mailing Address

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

Suite, Apt. #, etc.

ALLENTOWN PA

Suite, Apt. #, etc.

City & State

ALLENTOWN, PA

City & State

Zip

18103

Country

LEHIGH

Zip

Country

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

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, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

3/28/02

Date

Daytime Phone #

610-791-2222

CR2E034 (9/01)