

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90071 002 ***150.00

DOCUMENT # F00000003280

1. Entity Name
HOSPITAL CENTRAL SERVICES COOPERATIVE, INC.



Principal Place of Business
2171 28 STREET SW
REAR
ALLENTOWN PA 18103

Mailing Address
2171 28 STREET SW
REAR
ALLENTOWN PA 18103

30042033



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 23-1709244

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003. Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MACAULAY, RONALD	
STREET ADDRESS	1200 S CEDAR CREST BLVD	
CITY-ST-ZIP	ALLENTOWN PA 18103	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	BELTZ, JOHN	
STREET ADDRESS	100 MEDICAL CAMPUS DRIVE	
CITY-ST-ZIP	LANSDALE PA 19446	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEE, J. MICHAEL	
STREET ADDRESS	2171 28TH ST., SW	
CITY-ST-ZIP	ALLENTOWN PA 18103	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURNS, JAMES	
STREET ADDRESS	1503 N. CEDAR CREST BLVD., SUITE 205	
CITY-ST-ZIP	ALLENTOWN PA 18104	
TITLE	S	<input type="checkbox"/> Delete
NAME	FREDERICK, SHIRLEY	
STREET ADDRESS	2171 28TH ST., SW	
CITY-ST-ZIP	ALLENTOWN PA 18103	
TITLE	T	<input type="checkbox"/> Delete
NAME	FENSTERMACHER, THOMAS D	
STREET ADDRESS	2171 28TH ST., SW	
CITY-ST-ZIP	ALLENTOWN PA 18103	

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DI BIASO, FRANK	
STREET ADDRESS	11th + HAMILTON STS.	
CITY-ST-ZIP	LEHIGHTON, PA 18235	
TITLE	EX VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMOTHY CRIMMINS	
STREET ADDRESS	2171 28th St., S.W.	
CITY-ST-ZIP	ALLENTOWN, PA 18103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2171 28th St. S.W.	
CITY-ST-ZIP	ALLENTOWN, PA 18103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas D. Fenstermacher* **THOMAS D. FENSTERMACHER** 2/3/03 610-791-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)