

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006033

1. Entity Name
MUTUAL HOSPITAL SERVICE, INC.



Principal Place of Business
**2525 N. SHADELAND AVENUE #101
INDIANAPOLIS, IN 46219**

Mailing Address
**2525 N. SHADELAND AVENUE #101
INDIANAPOLIS, IN 46219**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
35-1018171

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MEADOWS, CHARLIE
STREET ADDRESS	1500 N. RITTER AVENUE
CITY-ST-ZIP	INDIANAPOLIS, IN 46219
TITLE	V
NAME	FOYE, MICHAEL
STREET ADDRESS	950 N. MERIDIAN ST. SUITE 600
CITY-ST-ZIP	INDIANAPOLIS, IN 46204
TITLE	D
NAME	EDWARDS, RICK
STREET ADDRESS	802 N. STATE STREET
CITY-ST-ZIP	GREENFIELD, IN 46140
TITLE	D
NAME	ANDERSON, GREG
STREET ADDRESS	1600 ALBANY STREET
CITY-ST-ZIP	BEECH GROVE, IN 46107
TITLE	P
NAME	STRUCK, JAMES
STREET ADDRESS	2525 N. SHADELAND AVENUE #101
CITY-ST-ZIP	INDIANAPOLIS, IN 46219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80094-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James N Struck James N Struck 4-24-06 (317) 613-5155

Date

Daytime Phone #