2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 8:00 am Secretary of State

DOCUMENT # F9600001500 1. Entity Name LERCH, BATES & ASSOCIATES/HOSPITAL GROUP, INC.							01-18-2005	90050 03	36 ***15	50.00
Principal Place of Business 8089 S. LINCOLN., STE. 300 LITTLETON, CO 80122		Mailing Address 8089 S. LINCOLN., STE. 300 LITTLETON, CO 80122				4		e si an i (r. 1 88 1)		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01042005	Chg-P	CR2E03	 34 (10/03)	1
City & State		City & State		4	4. FEI Numbe 84-1014			- ⊢-	pplied For lot Applicable	
Zip	Country	Zip	Zip Coun			5. Certificate	of Status Desired		8.75 Ac ee Requir	
	6. Name and Address of Current P	legistered Agent			7	7. Name and	Address of New I	Registered A	gent	
				Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
				City	· 			FL	Zip Cò	de
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistere	ed office or re	egistered	agent, or both	n, in the State of Fl	lorida. I am fa	miliar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered	l Agent signature	e required whi	en reinstating)		DATE]	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fin. Trust Fund Contribution					\$5.0 (Added	May Be to Fees				
10.	OFFICERS AND D	PIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRFCTOR	RS IN 11,
TITLE .	PD	Delete	TITLÉ	1	PD				Change	Addition
NAME STREET ADDRESS	FORTUNE, JAMES W- 8089 S LINCOLN STE 300		NAME STREE	T ADDRESS	51ep	han	Barton,	STA	300	
CITY-ST-ZIP	LITTLETON, CO 80122			ST-ZIP	1.11	Hoton	CO	8012	7.	
TITLE NAME	ST WEBB, JAMES L	☐ Delete	TITLE	i			, ,	<u> </u>	☐ Change	Addition
STREET ADDRESS	8089 S LINCOLN STE 300			ET ADDRESS						
CITY-ST-ZIP	LITTLETON, CO 80122			ST-ZIP						
TITLE	D	☐ Delete	TITLE						Change	Addition
NAME	BATES, V. QUENTIN		NAME	1						
STREET ADDRESS CITY-ST-ZIP	8089 S LINCOLN STE 300 LITTLETON, CO 80122		E .	ET ADDRESS	-				.	
TITLE	D	Delete	TITLE						☐ Change	Addition
NAME	OLSON, CHARLES R	LI Delete	NAME	I .					Change	☐ Addition
STREET ADDRESS	8089 S LINCOLN ST., SUITE 300		STREE	ET ADDRESS						
CITY-ST-ZIP	LITTLETON, CO 80122		CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE	I .					☐ Change	Addition
NAME PERCET ADDRESS			NAME	I .						
STREET ADDRESS CITY-ST-ZIP			8	T ADDRESS ST-ZIP						
TITLE .		☐ Delete	TITLE						☐ Change	Addition
NAME	•		NAME	I .						
STREET ADDRESS	A MARINE			T ADDRESS					ļ	
CITY-ST-ZIP		Sin Chan along and applied for the	UIIY-	ST-ZIP	al la Carat	410 07/07/	L Clorida Ptatutan	1 for sales and a second	6.05-00-5	:- f

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dated Dated Dayline Phone •