PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # J40499

1. Corporation Name

FILED Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90014 014 ***150.00

HOSPITA	AL INVESTIGATIVE SERVIC	ES OF FLUHIDA, INC.					
Principal Place	e of Business	Mailing Address			(1001110 011 0111 0111 0111 0111 0111		
3333 W. COMM	IERCIAL BLVD.	3333 W. COMMERCIAL BLVD).			•	
SUITE 200 SUITE 200		•		DO NOT WRITE IN	THIS SPACE	•	
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309		•		3. Date Incorporated or Qualified			
					10/30/1986		ļ
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21	Account of Business	26			31-1191442		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27			3. Certificate of Otatica Desired		Required
City & State	e	City & State			6. Election Campaign Financing		0 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye	ar Intangible ☐ Yes	≧ (No
24	25		30		Personal Property Tax. 10. Name and Address of New Regist		2/10
	9. Name and Address of Curre	nt Registered Agent	81	Name	IV. Name and Address of New Regist	eren väenr	
IUM	NSON DONALD		"	1			·
JOHNSON, DONALD 3333 W. COMMERCIAL BLVD.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	TE 200		83		2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	AUDERDALE FL 33309		03		The state of the s		1
	AGDENDACE I E GOOD		84	City		FL 85 Z	p Code
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida. Such change was aut ations of, Section 607.0505, Florid	s, the above thorized by da Statutes	e-named cor the corporat	poration submits this statement for the purpo- tion's board of directors. I hereby accept the	se of changing appointment as	its registered registered -
11. Pursuant office or ragent. I al	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: F	Registered Ager	,.	red when reinstating) DA	TE	. <u>.</u>
.11. Pursuant office or ragent. I all SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE: F	Registered Ager	,.		TE	TORS IN 12
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11. Pursuant office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A PD JOHNSON, DONALD E. 3333 W. COMMERCIAL BLVD. FT LAUDERDALE FL 33309	ent and title if applicable. (NOTE: F ND DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signature requir	red when reinstating) DA	TE RS AND DIREC	TORS IN 12 ge Addition
11. Pursuant office or nagent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A PD JOHNSON, DONALD E. 3333 W. COMMERCIAL BLVD. FT LAUDERDALE FL 33309 D	ent and title if applicable. (NOTE: F ND DIRECTORS DELETE ., #200	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature requir	red when reinstating) DA	TE RS AND DIREC ☐ Chang	TORS IN 12 pe Addition
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

JADONALD E JOHNSON