

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90070 034 ****61.25

DOCUMENT # N02000009889

1. Entity Name
HOSPITALS INTERNATIONAL, INC.



Principal Place of Business
**1031 W. MORSE BLVD., SUITE 350
WINTER PARK, FL 32789**

Mailing Address
**1031 W. MORSE BLVD., SUITE 350
WINTER PARK, FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 350

Suite, Apt. #, etc.

Suite 350

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For
Not Applicable

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

**LEIGH, RICHARD A
1031 W. MORSE BLVD., SUITE 350
WINTER PARK, FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 350

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]

2/17/03

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SADLER, BROOKE 296 KINSER PARK LANE GREENVILLE, TN 37743	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD APPGATE, RODNEY 1843 COLLEGE DRIVE WALLA WALLA, WA 98766	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SADLER, PAMELA 299 KINSER PARK LANE GREENVILLE, TN 37743	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)