

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 31, 2011
Secretary of State

Entity Name: HEALTH SERVICE PROVIDERS, INC.

Current Principal Place of Business:

2700 W. CYPRESS CREEK ROAD
B-106
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1500 W. CYPRESS CREEK ROAD
417
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1440 CORAL RIDGE DRIVE
326
CORAL SPRINGS, FL 33071

New Mailing Address:

1500 W. CYPRESS CREEK ROAD
417
FORT LAUDERDALE, FL 33309

FEI Number: 26-3349756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, ROY D
1440 CORAL RIDGE DRIVE
326
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: HAMILTON, ROY D
Address: 1440 CORAL RIDGE DRIVE, STE. 326
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROY HAMILTON

P

03/31/2011

Electronic Signature of Signing Officer or Director

Date