

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000002918**

1. Entity Name  
**HS1 ADMITTING NETWORK, INC.**



Principal Place of Business

**1505 NW 167 STREET  
SUITE 450  
MIAMI, FL 33169**

Mailing Address

**1505 NW 167 STREET  
SUITE 450  
MIAMI, FL 33169**



01062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0973146** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BILOWICH, MARTIN  
1505 NW 167 STREET  
SUITE 450  
MIAMI, FL 33169**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**1000000128425  
04/26/04-80037-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME BILOWICH, MATRIN  
STREET ADDRESS 1505 NW 167 STREET SUITE 450  
CITY - ST - ZIP MIAMI, FL 33169

TITLE VDT  
NAME KEARNEY, KRISTIN  
STREET ADDRESS 1505 NW 167 STREET SUITE 450  
CITY - ST - ZIP MIAMI, FL 33169

TITLE VD  
NAME WILHELM, CHARLES MD  
STREET ADDRESS 1505 NW 167 STREET SUITE 450  
CITY - ST - ZIP MIAMI, FL 33169

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Martin Bilowich* **MARTIN BILOWICH**

**3/2/04**

Date

Daytime Phone #