

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000002918

1. Entity Name
HS1 ADMITTING NETWORK, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90292 027 ***150.00

Principal Place of Business
1505 NW 167 STREET
SUITE 450
MIAMI FL 33169

Mailing Address
1505 NW 167 STREET
SUITE 450
MIAMI FL 33169



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

RODRIGUEZ, ALBERTO A
1505 NW 167 STREET
SUITE 450
MIAMI FL 33169

Name MARTIN BILOWICH
Street Address (P.O. Box Number is Not Acceptable)
1505 N.W. 167 STREET
SUITE 450
City MIAMI FL Zip Code 33169

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 Martin Bielowich
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4.24.03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.03

Date

305-614-1100

Daytime Phone #

0289204 AV

CR2E034 (10/02)