

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000040656

FILED
Apr 18, 2008
Secretary of State

Entity Name: HOSPITAL BENEFIT GROUP, INC.

Current Principal Place of Business:

245 N. COUNTRY CLUB DR.
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

245 N. COUNTRY CLUB DR.
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 65-1009356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADY, FRANK R
BRADY & BRADY, P.A.
370 W. CAMINO GARDENS BLVD., STE. 200C
BOCA RATON, FL 33432 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOPOURN, ROBERT J JR.
Address: 240 N. COUNTRY CLUB DR.
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: SOPOURN, MAUREEN
Address: 245 N. COUNTRY CLUB DR.
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RJ SOPOURN

MR

04/18/2008

Electronic Signature of Signing Officer or Director

Date