

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90117 013 ***150.00

DOCUMENT # **P01000005179** ✓

1. Entity Name

Hospital Audit Locust, Inc.

639639

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1450 Madruga Ave
Suite, Apt. #, etc.
#200

3. Mailing Address
1450 Madruga Ave
Suite, Apt. #, etc.
#200

DO NOT WRITE IN THIS SPACE

City & State
Coconut Gables
Zip
33146 Country
DADE/USA

4. FEI Number
65-1076191

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Waldman, Felven & Trigoboff, P.A.

Street Address (P.O. Box Number is Not Acceptable)
One Financial Plaza, Ste 1500

City
Ft. Lauderdale FL Zip Code
33394

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>CEO/D</i> <i>SHARON B. Houlahan</i> <i>P.O. Box 816824</i> <i>Hollywood FL 33081</i> <i>Add</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>D/President</i> <i>DAVID T. Hedrick</i> <i>3901 Crawford AVE</i> <i>Cremat Grove FL 33133</i> <i>Change</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>D/Asst</i> <i>MAYFE S. FAILLACE</i> <i>11400 S.W. 117 Ave</i> <i>MIAMI, FL 33176</i> <i>Add</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<i>Vice President</i> <i>Lori A. Hedrick</i> <i>3901 Crawford Ave</i> <i>Cremat Grove, FL 33133</i> <i>Add</i>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *David T. Hedrick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

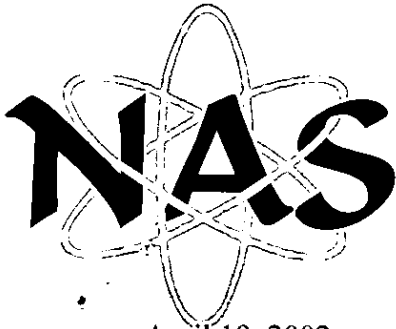
4/19/02

Date

Daytime Phone #

CR2E034B (12/01)

ATTACH # PO 1000005179/639638



April 19, 2002

National Audit Services

Secretary of State
Division of Corporations
Corporate Filings
P.O. BOX 6327
Tallahassee, Florida 32314

RE: Hospital Audit Locus, Inc.

Dear Sir/Madam:

We are submitting our corporate filing information in a form downloaded from the internet as we received telephone communication from your office advising us that our check representing our filing fee and/or our form had been misplaced. Please accept this information as our formal filing fee and document.

Sincerely,

Nayfe S. Faillace
Vice President Operations

:nsf