FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90117 013 ***150.00

639639

DOCUMENT # P01000005179 ✓

1. Entity Name

Hospital Audit Locus, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1450 Madruga Ave	1450 Madruga Ave
Suite, Apt. #, etc. #200	Suite, Apt. #, etc. #200
City & State Coral Gables	City & State Coral Gables
Zip 33146 Country DADE/USA	Zip 33146 Country DADE/USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1076191 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Waldman, Felwen & Trigoboff, P.A.

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

City: Ft. Lauderdale FL Zip Code: 33394

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		CEO/D Add
NAME		Sharon B. Houlihan
STREET ADDRESS		P.O. Box 816024
CITY-ST-ZIP		Hollywood, FL 33081
TITLE		D/President Change
NAME		David T. Hedrick
STREET ADDRESS		3901 Crawford Ave
CITY-ST-ZIP		Coconut Grove, FL 33133
TITLE		D/S/T Add
NAME		Nayfe S. Fallace
STREET ADDRESS		11400 S.W. 112 Terr
CITY-ST-ZIP		Miami, FL 33176
TITLE		Vice President Add
NAME		Lori A. Andrews
STREET ADDRESS		3901 Crawford Ave
CITY-ST-ZIP		Coconut Grove, FL 33133
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: David T. Hedrick 4/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACH # P0100000 5179/ 6039638

National Audit Services

April 19, 2002

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

1450 Madruga Ave. Suite 200, Coral Gables FL 33146 • Phone: (305) 669-8444 • Fax: (305)-669-8811 • e-mail:nationalaudit123@aol.com