

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011252

FILED
Jun 29, 2005
Secretary of State

Entity Name: HOSPITAL CARE SPECIALISTS, INC.

Current Principal Place of Business:

8299 SW 110TH TERRACE
MIAMI, FL 33156

New Principal Place of Business:

8299 SW 110TH TERRACE
MIAMI, FL 33156 US

Current Mailing Address:

8299 SW 110TH TERRACE
MIAMI, FL 33156

New Mailing Address:

8299 SW 110TH TERRACE
MIAMI, FL 33156 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIMMERMAN, MICHAEL
13320 SW 128TH STREET
MIAMI, FL 33186 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LLANES, DORIS
Address: 8299 SW 110TH TERRACE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DORIS LLANES

P

06/29/2005

Electronic Signature of Signing Officer or Director

Date