

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093030

**FILED**  
**Apr 01, 2012**  
**Secretary of State**

**Entity Name:** HSP OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

77 CRANDON BLVD., APT. 2A  
KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:**

**Current Mailing Address:**

77 CRANDON BLVD., APT. 2A  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

FEI Number: 26-0749154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANCHEZ, JAVIER D  
77 CRANDON BLVD., APT. 2A  
KEY BISCAYNE, FL 33149 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SANCHEZ, JAVIER D  
Address: 77 CRANDON BLVD., APT. 2A  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: P  
Name: GARCIA-SANCHEZ, ADRIANA P  
Address: 77 CRANDON BLVD. APT 2A  
City-St-Zip: KEY BISCAYNE, FL 33149 US

I hereby 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 all other like empowered.

SIGNATURE: JS \_\_\_\_\_

Electronic Signature of Signing Officer or Director

D \_\_\_\_\_

04/01/2012 \_\_\_\_\_

Date