

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000067696

Entity Name: HYDRAULIC HOSPITAL INC.

FILED  
May 01, 2012  
Secretary of State

**Current Principal Place of Business:**

3460 CEDAR LANE  
DELAND, FL 32724

**New Principal Place of Business:**

**Current Mailing Address:**

3460 CEDAR LANE  
DELAND, FL 32724

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CROSS, STEPHEN B  
3460 CEDAR LANE  
DELAND, FL 32724 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: P  
Name: CROSS, STEPHEN B  
Address: 3460 CEDAR LANE  
City-St-Zip: DELAND, FL 32724 FL

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: STEVE CROSS

P

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date