2006 FOR PROFIT CORPORATION ABOUND REPORT

FILED Mar 28, 2006 08:00 AM Secretary of State

239.275-9770

DOCUN 1. Entity Name HSI, INC.	MENT # P93000003542					•	
Principal Place of Business 12350 METRO PARKWAY FORT MYERS, FL 33912 US Mailing Address 12350 METRO PARKWAY FORT MYERS, FL 33912 US							
DO NOT WRITE IN THIS SPACE				D2222005 No Chg-P			
6. Name and Address of Current Registered Agent KELJIR, 15300 BLACKHAWK DRIVE FORT MYERS, FL 33912			DO NOT WRITE IN THIS SPACE				
signature_	named entity submits this statement for the prions of registered agent. Signature, typed or printed name of registered agent and site of the printed page. The printed page of the printe		ed Agent signature require		, in the State of Flori	ida I am familiar DATE	with, and accept
10. THE NAME STREE ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CATY-ST-ZIP	OFFICERS AND DIRECT DPST KELJIK, DAVID B 15300 BLACKHAWK DRIVE FORT MYERS, FL 33912	CTORS			000000 04/11/06-	0493047 80101-010) 150.00
TITLE NAME SIRLET AUDRESS CITY-ST-ZIP TITLE NAME SIRLET ADDRESS CITY-ST-ZIP			-		NOT W		
THE NAME STREE ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP							
indicated of the cor	t certify that the information supplied with this ti i on this report or supplemental report is true a poration or the receiver or trustee empowered , or on an attachment with an address, with all	ind accurate and that my signs is to execute this report as requ	kemptions containe ature shall have the bired by Chapter 60	d in Chapter 179, same legal effect 7, Florida Statutes	Florida Statutes, 1 f as if made under or ; and that my name	unher certify that ath; that I am an o appears in Block	the information lijicer or director 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: