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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000069320 (7)

DOCUMENT #
1. Corporation Name HOSPITAL SOLUTIONS, INC.

| Principal Place of Business |
|-----------------------------|
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| 4175 E BAY CLEARWATE | | | 4175 E BAY DR. 3 Clearwater Fl | 275 34624 | | | | | | |
|--|---|--|---|--|---|---|--|-----------------------|----------------------------------|-------------------------------|
| | | | | | | | 3. Date Incorporated or Qualified 09/16/1994 | 3a. Date | of Last 9/29/1 | , |
| 2. Principal Pl | lace of Busine | 988 | 2a. Mailing Address | | | | 4. FEI Number 59-3287087 | | <u> </u> | Applied For Not Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc | 3. | | | Certificate of Status Desired | F-1 | \$8.7 | 5 Additional |
| 2 | ····· | | 27 | | | | | | | Required |
| City & State | Ð | | City & State | | | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be ed to Fees |
| Zip 4 | | Country 25 | Zip 29 | 30 | Country | , | 8. This corporation has liability for Florida Statutes Yes | intangible ta ☐ No | | |
| | 9, Name | and Address of Cur | rent Registered Agent | | | ······ | 10. Name and Address of New R | Registered | Agent | |
| 1401/21 | | | | | 81 | Name | | | | |
| MCKENNA, TIMOTHY G 4175 E BAY DR, 275 | | | | | | Street Ad | ddress (P.O. Box Number is Not Acceptab | t Acceptable) | | |
| CLEARV | NATER FL : | 34624 | | | 83 | | | | | |
| | | | | | 84 | City | | FL | B5 Z | ip Code |
| familiar wit | th, and accep | oom, in the State of Fr | lorida Such change was auth ection 607.0505, Florida Statu | norized by th | e corp | oration's bi | poration submits this statement for the pur pard of directors. I horeby accept the appe | ointment as | registere | d agent, I am |
| | Stunature fyced o | or printed assiste of registered a | orest and little if any death | AMTS : Dogsel | verel Acres | e element or e | food out not exist at the h | | | |
| | Signature, typed o | or printed name of registered as OFFICERS A | gent and little if applicable. AND DIRECTORS | | | it signature reci | Fred when reinstaling) ADDITIONS/CHANGES TO OFF | DATE | DIRECT | ORS IN 12 |
| 12. | CEO | OFFICERS A | | 1 | ered Ager 3. 1 TITLE | it signature reci | rred when reinstalling) ADDITIONS/CHANGES TO OFFI | ICERS AND | DIRECT | |
| 12. DITLE | CEO MCKEN | officers a | AND DIRECTORS | 1. | 3. | і: signature гесі | | ICERS AND | | |
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certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4/30/96 Date

813 538-3845