

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088954
1. Entity Name HIP Administrators of Florida, Inc.

Principal Place of Business **Mailing Address**

2. Principal Place of Business 3251 Hollywood Boulevard
 Suite, Apt. #, etc. Suite 401
 City & State Hollywood, FL
 Zip 33021 Country USA

3. Mailing Address 3251 Hollywood Boulevard
 Suite, Apt. #, etc. Suite 401
 City & State Hollywood, FL
 Zip 33021 Country USA

6. Name and Address of Current Registered Agent

FILED
 01 APR 30 AM 10:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 100004136791--2
 -05/04/01--01078--001
 *****150.00 *****150.00
 DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0545416 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
 City Plantation, FL Zip Code 33324

8. 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 Connie Bryan **CONNIE BRYAN**
 Signature, typed or printed name of registered agent ☐ title if applicable. (NOTE: Registered Agent signature required when reinstating)
SPECIAL ASSISTANT SECRETARY 4/30/01
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DC NAME Watson, Anthony STREET ADDRESS HIP - 7 W 34th Street CITY-ST-ZIP New York, NY 10010	<input type="checkbox"/> Delete	TITLE DP NAME Daniel T. McGowan STREET ADDRESS HIP - 7 West 34th St. CITY-ST-ZIP New York, NY 10001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP NAME Cohen, Steven M. STREET ADDRESS HIP - 300 S. Park Rd CITY-ST-ZIP Hollywood, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE DST NAME Michael D. Fullwood STREET ADDRESS HIP - 7 West 34th St. CITY-ST-ZIP New York, NY 10001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DVC NAME Johnston, Charles STREET ADDRESS 1301 N. Harrison St. STE 68 CITY-ST-ZIP Princeton, NJ 08540-3512	<input checked="" type="checkbox"/> Delete	TITLE D NAME John H. Steber STREET ADDRESS HIP - 7 West 34th St. CITY-ST-ZIP New York, NY 10001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME Cohen, Gerald M Esq. STREET ADDRESS HIP - 300 S Park Rd. CITY-ST-ZIP Hollywood, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE D NAME David Abernethy STREET ADDRESS HIP - 3251 Hollywood Blvd. CITY-ST-ZIP Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME Paleos, Michael K. STREET ADDRESS HIP - 300 S Park Rd. CITY-ST-ZIP Hollywood, FL 33021	<input checked="" type="checkbox"/> Delete	TITLE D NAME Leslie Strassberg STREET ADDRESS HIP - 7 West 34th St. CITY-ST-ZIP New York, NY 10001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME Assistant Secretary STREET ADDRESS Williams G. Lewis CITY-ST-ZIP HIP - 7 West 34th St. New York, NY 10001	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Williams G. Lewis **Williams G. Lewis** 4/27/2001 212 630-8223
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/00)