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DOCUMENT # P94000088954 1. Entity Name HIP Administrators of Florida, Inc.									
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Principal Place of Business			Mailing Address		·	01 APR 30 AM 10: 49			
					, ,	SECRETARY OF	Page 19	12	
2. Principal Place of Business 3251 Hollywood Boulevard			3. Mailing Address 3251 Hollywood Boulevard		rd		1/0101078 !50.00 ***	;∪∪1 *150.00	
Suite, Apt. #, etc. Suite 401			Suite, Apt. #, etc. Suite 401			DO NOT WRITI	E IN THIS SPACE		
City & State Hollywood, FL			City & State Hollywood, FL		4. F	El Number 65-0545416		Applied For Not Applicable	
Zip 33021	L C	Country JSA .	Zip 33021	Country USA	5. 0	Certificate of Status Desired	\$8.75 Fee Requ	Additional	
6. Name and Address of Current Re			egistered Agent	7 7	7. N	lame and Address of New Re			
				Name	Nama				
				CT Corporation System Street Address (PO Box Number is Not Acceptable)					
				1200 South Pine Island Road					
							21000		
•				City			EI Zip C	ode	
					Plantation: FL 33324				
8. The above	named entity sut	bmits this statement for t			or registered age	ent, or both, in the State of Flori	ida.	•	
		A · _	CONNIE BE					1	
SIGNATURE .		Canada Barr							
	Signature, typed or prin	nted name of registered sount as	title if enolicable. (NOTE:	SISTANT SE	CRETARY	netetion)	4/30/01	·	
		nted name of registered agent as	title if applicable. (NOTE:	Registered Agent sign	sture required when rei	nstating)	4/30/01		
	oration is eligible t	to satisfy its Intangible	sittle if applicable. (NOTE:	Pegistered Agent sign	sture required when rei	10. Election Campaign Final	ncing \$5	.00 May Be	
Tax filing r		to satisfy its Intangible	FILE NOW!! After MAY 1, 200	Pegistered Agent sign PEE IS \$150 1 Fee will be	sture required when rei		ncing \$5	.00 May Be	
Tax filing r	oration is eligible t requirement and e ria on back)	to satisfy its Intangible elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	Pegistered Agent sign PEE IS \$150 1 Fee will be	550.00 nt of State	10. Election Campaign Final	DATE \$5	ded to Fees	
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SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Williams G. Lewis 4/27/2001 212 630-8223

Date

Daytime Phone #

STREET ADDRESS HIP - 7 West 34th St. New York; NY 10001 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.