

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90561 027 ***150.00

DOCUMENT # P94000088954

1. Entity Name
HIP ADMINISTRATORS OF FLORIDA, INC.



Principal Place of Business
**3251 HOLLYWOOD BLVD.
STE. 401
HOLLYWOOD, FL 33021 US**

Mailing Address
**3251 HOLLYWOOD BLVD.
STE. 401
HOLLYWOOD, FL 33021 US**

20036124



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082005 Chg-P CR2E034 (10/03)

4. FEI Number

65-0545416

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	STEBER, JOHN H	
STREET ADDRESS	HIP - 55 WATER ST.	
CITY- ST- ZIP	NEWYORK, NY 10041	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRASSBERG, LESLIE	
STREET ADDRESS	HIP - 55 WATER ST.	
CITY- ST- ZIP	NEWYORK, NY 10041	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCARLATOS, PETER	
STREET ADDRESS	USA LOCAL 831 - 25 CLIFF ST.	
CITY- ST- ZIP	NEWYORK, NY 10038	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCATEER, THOMAS	
STREET ADDRESS	VYTRA - 395 NORTH SERVICE ROAD	
CITY- ST- ZIP	MELVILLE, NY 11747	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WILLIAMS, LEWIS G	
STREET ADDRESS	HIP - 55 WATER ST.	
CITY- ST- ZIP	NEWYORK, NY 10041	
TITLE	DC	<input type="checkbox"/> Delete
NAME	WATSON, ANTHONY L	
STREET ADDRESS	HIP - 55 WATER ST.	
CITY- ST- ZIP	NEWYORK, NY 10041	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Williams G. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/05

Date

646-447-5767

Daytime Phone #

CONTINUED ON NEXT PAGE

ATTACHMENT

20036124
#194 00088954

OFFICERS AND DIRECTORS (CONTINUED)

D
ABERNETHY, DAVID
HIP - 55 WATER ST.
NEW YORK, NY 10041

DP
MCGOWAN, DANIEL T.
HIP - 55 WATER ST.
NEW YORK, NY 10041

DST
FULLWOOD, MICHAEL D.
HIP - 55 WATER ST.
NEW YORK, NY 10041