


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90019 002 ***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
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40057399



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04052007 Chg-P CR2E034 (12/06)

8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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4. FEI Number 65-0545416	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V STEBER, JOHN H HIP 55 WATER ST NEW YORK, NY 10041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRASSBERG, LESLIE 55 Water St. New York, NY 10041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCARLATOS, PETER USA LOCAL 831 - 25 CLIFF ST. NEW YORK, NY 10038 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LEWIS, WILLIAMS G. 55 Water St. New York, NY 10041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/C WATSON, ANTHONY L 55 Water St. New York, NY 10041 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRANCHINI, FRANK 55 Water St. New York, NY 10041 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/5/07 646.442.5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

ATTACHMENT
40057399
~~#P94000088954~~

2007 FOR PROFIT CORPORATION ANNUAL REPORT

OFFICERS AND DIRECTORS (CONTINUED)

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

D/P
MCGOWAN, DANIEL T.
HIP – 55 WATER ST.
NEW YORK, NY 10041

D/S/T
FULLWOOD, MICHAEL D.
HIP – 55 WATER ST.
NEW YORK, NY 10041



CHECK REQUEST FORM

Vytra

ATTACHMENT #

40057399
#194000088954

DATE

4/3/07

M
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Y

1 TRANSACTION TYPE

Select all applicable transaction types below:

- ☐ RUSH - Mail check by ☐ - Also complete ☐ 5
- ☒ Normal Invoice Processing - Attach Invoice
- ☐ No Invoice Provided - Also Complete ☐ 4 and ☐ 5
- ☐ Special Handling - Also Complete ☐ 6
- ☐ Contractor / Consultant - Contract on File ☐ YES ☐ NO
- ☐ Cash Voucher - Also Complete ☐ 4 ☐ 5 and ☐ 7
- ☐ Refund - Also Complete ☐ 4 and ☐ 5

2 APPROVALS

Requested By Williams G. Lewis

Print

Phone # 646-447-5767

Authorized Approval Signature and Date:

3 CODING

AP UNIT

AMOUNT

\$ 150.00

GL UNIT

ACCOUNT

INVOICE NUMBER

OPERATING UNIT

3300

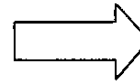
DEPARTMENT

10204

Req. # 9769



Select box for additional line distributions. Please attach Supplemental Coding Template.



PO #

1488

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4 REMITTANCE INFORMATION

Payable To Florida Department of State - Divisions of Corporations

Address: 2670 Executive Center Circle - Suite 100

City: Tallahassee State FL Zip Code 32301

5 BUSINESS PURPOSE

REQUIRED

Filing Fee for 2007 Profit Corporation Annual Report

6 SPECIAL HANDLING

☒ RETURN TO REQUESTOR

APPROVAL: _____

Note: Section 7 is for Accounting Use Only

7 ACCOUNTING USE

Preliminary Review Team

Vendor-Loc # _____

Invoice # _____

Invoice Date _____

1099 Vendor YES / NO

Reviewer Initials _____

Date ____/____/____

Processing Team

Voucher ID# _____

Processor Initials _____

Date ____/____/____

Accounting Approval: _____