

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P96000012564**
1. Corporation Name
HOSPITAL IN-PATIENT SERVICES, INC.

Principal Place of Business Mailing Address
6630 EMBASSY BLVD., SUITE B
PORT RICHEY, FL 34668

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	2-5-96	NONE
22. City & State	27. City & State	4. FE Number	4a. Added for Prior Application
23. Zip	28. Zip	59-3361386	
24. Country	29. Country	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

HAIDER A. KHAN
5557 BOWLINE BEND
NEW PORT RICHEY, FL 34668

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0606, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent and their residence

Signature of New Registered Agent and their residence

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HABIBA KHAN	1.2 NAME	
STREET ADDRESS	5557 BOWLINE BEND	1.3 STREET ADDRESS	
CITY-STATE	NEW PORT RICHEY, FL 34652	1.4 CITY-STATE	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE		2.4 CITY-STATE	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE		3.4 CITY-STATE	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE		4.4 CITY-STATE	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE		5.4 CITY-STATE	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE		6.4 CITY-STATE	

800002118728
-03/20/97--01012--052
*****165.00**

14.

SIGNATURE **X H A Khan** **2** **Pls**

3-19