

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
 05-08-2000 90171 023 \*\*\*158.75

**DOCUMENT # P96000012564**

1. Entity Name  
**HOSPITAL IN-PATIENT SERVICES, INC.**

Principal Place of Business      Mailing Address  
**6630 EMBASSY BLVD.**      **6630 EMBASSY BLVD.**  
**SUITE B**      **SUITE B**  
**PORT RICHEY FL 34668**      **PORT RICHEY FL 34668-4737**

2. Principal Place of Business      3. Mailing Address  
**10806 US 19,**      **10806 US 19**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Ste 102**      **Ste 102**  
 City & State      City & State  
**Port Richey, FL**      **Port Richey, FL**  
 Zip      Zip      Country      Country  
**34668**      **34668**



DO NOT WRITE IN THIS SPACE

4. FEI Number      59-3361386      Applied For  
 Not Applicable  
 5. Certificate of Status Desired      ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**KHAN, HAIDER A**  
**5557 BOWLINE BEND**  
**NEW PORT RICHEY FL 34668**  
 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.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)      ☐      **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 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	VP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHAN, HABIBA		NAME	KHAN, HAIDER	
STREET ADDRESS	10806 US 19		STREET ADDRESS	10806 US 19 Ste 102	
CITY-ST-ZIP	PORT RICHEY FL 34468		CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KHAN, SABIHA		NAME	WOODS, JOHN	
STREET ADDRESS	10806 US 19 STE 102		STREET ADDRESS	10806 US 19, Ste 102	
CITY-ST-ZIP	POT RICHEY FL 34668		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Delete	TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	KHAN, SABIHA	
STREET ADDRESS			STREET ADDRESS	10806 US 19, Ste 102	
CITY-ST-ZIP			CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Haider Khan*      HAIDER KHAN      4/25/00      (727) 868-8377  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)