

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 01, 2001 8:00 am
Secretary of State

04-05-2001 90452 026 ****50.00
 05-01-2001 90126 022 ****100.00

DOCUMENT # P96000012564

1. Entity Name

HOSPITAL IN-PATIENT SERVICES, INC.

Principal Place of Business

10806 US 19
 SUITE 102
 PORT RICHEY FL 34668

Mailing Address

10806 US 19
 SUITE 102
 PORT RICHEY FL 34668

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name

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

10806 U.S. 19 Ste 102

City

Port Richey

FL

Zip Code

34668

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]

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, 2001 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

TITLE ☐ Delete

NAME **KHAN, HAIDER**
 STREET ADDRESS **10806 US 19 STE 102**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☒ Delete

NAME **VP**
WOODS, JOHN
 STREET ADDRESS **10806 US 19 STE 102**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete

NAME **ST**
KHAN, SABIHA
 STREET ADDRESS **10806 US 19 STE 102**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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

[Signature] **Haider Khan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

727 868 8373

Daytime Phone #

CR2E034 (10/00)