

2001 UNIFORM BUSINESS REPORT (UBR)

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
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4/

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3361386	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

Name

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

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, 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KHAN, HAIDER 10806 US 19 STE 102 PORT RICHEY FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODS, JOHN 10806 US 19 STE 102 PORT RICHEY FL 34668	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST KHAN, SABIHA 10806 US 19 STE 102 PORT RICHEY FL 34668	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

727 868 8373

Date

Daytime Phone #

CR2E034 (10/00)