FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P96000079558 HOSPITAL INSURANCE SYSTEMS CORPORATION 02-03-2001 90020 029 ***150.00 Principal Place of Business Mailing Address 771 KIRKMAN RD. SUITE 103 771 KIRKMAN RD. SUITE 103 ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3402242 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARSEN, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 34 E PINE ST ORLANDO FL 32801 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME JABLONSKI, SUSAN R STREET ADDRESS 7205 DR PHILLIPS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE ☐ Addition Change NAME JABLONSKI, JAMES W NAME STREET ADDRESS 7205 DR PHILLIPS BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO FL -CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 appearment with an address) with all other, like empowered.

SIGNATURE AMON AMONALI JAMES W. JABLONSKI 1/20/01 407-293-7120
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Proce #