

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90090 021 \*\*\*150.00

**DOCUMENT # P97000040604**

1. Entity Name

HSI PRACTICE SERVICES, INC.

HSI PRACTICE SERVICES, INC.

See correct name  
on corrected  
notices

Principal Place of Business

Mailing Address

1200 SO. PINE ISLAND ROAD #600  
PLANTATION FL 33324

3000 GALLERIA TOWER, STE 1000  
BIRMINGHAM AL 35244-2359

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2. Principal Place of Business

1200 South Pine Island Road

3. Mailing Address

1200 South Pine Island Road

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33324

Country

Zip

33324

Country

4. FEI Number

65-0752988

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

Name

Robert J. Leahy

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

1200 South Pine Island Road

Suite 500

City

Ft. Lauderdale

FL

Zip Code

33324

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.

See copy of Filed change

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 PD  
NAME MOSQUERA, LUIS  
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE P, D  
NAME Bilowich, Martin E.  
STREET ADDRESS 1200 South Pine Island Road, Suite 500  
CITY-ST-ZIP Ft. Lauderdale, FL 33324 ☐ Change ☒ Addition

TITLE VPSD  
NAME FINLEY, SARA J  
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE VP, S, D  
NAME Leahy, Robert J.  
STREET ADDRESS 1200 South Pine Island Road, Suite 500  
CITY-ST-ZIP Ft. Lauderdale, FL 33324 ☐ Change ☒ Addition

TITLE TD  
NAME KIZER, LEISA  
STREET ADDRESS 3000 GALLERIA TOWER, STE 1000  
CITY-ST-ZIP BIRMINGHAM AL 35244 ☒ Delete

TITLE VP, T, D  
NAME Hogan, Kristin A.  
STREET ADDRESS 1200 South Pine Island Road, Suite 500  
CITY-ST-ZIP Ft. Lauderdale, FL 33324 ☐ Change ☒ Addition

TITLE ☐ Delete

TITLE VP, D  
NAME Mosquera, Luis G.  
STREET ADDRESS 1200 South Pine Island Road, Suite 500  
CITY-ST-ZIP Ft. Lauderdale, FL 33324 ☐ Change ☒ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ 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: *Luis Mosquera* 4/7/00 974 3356666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #