

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040604

1. Entity Name
HS1 PRACTICE SERVICES, INC.

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90015 019 ***550.00

0138822 AT

Principal Place of Business
1200 SO. PINE ISLAND ROAD #500
FT. LAUDERDALE FL 33324

Mailing Address
3000 GALLERIA TOWER.. STE 1000
BIRMINGHAM AL 35244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1505 N.W. 167 STREET
Suite, Apt. #, etc.
SUITE 450
City & State
MIAMI FL
Zip
33169
Country
USA

3. Mailing Address
1505 N.W. 167 STREET
Suite, Apt. #, etc.
SUITE 450
City & State
MIAMI FL
Zip
33169
Country
USA

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

LEAHY, ROBERT J
1200 SO. PINE ISLAND RD., STE. 500
FT. LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name LEAHY, ROBERT J.
Street Address (P.O. Box Number is Not Acceptable)
1505 N.W. 167 STREET
SUITE 450
City MIAMI FL Zip Code 33169

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BILORICH, MARTIN E 1200 S PINE ISLAND RD SUITE 500 FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HOGAN, KRISTIN A 1200 S PINE IS RD FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIZER, LEISA 3000 GALLERIA TOWER., STE 1000 BIRMINGHAM AL 35244	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSQUERA, LUIS G 1200 S PINE IS RD FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILOWICH, MARTIN E 1505 N.W. 167 STREET SUITE 450 MIAMI FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V T D KEARNEY, KRISTIN A. 1505 N.W. 167 ST. SUITE 450 MIAMI FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D C MOSQUERA, LUIS G. 1505 N.W. 167 ST. SUITE 450 MIAMI, FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D S V LEAHY, ROBERT 1505 N.W. 167 ST. SUITE 450 MIAMI FL 33169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V WILHELM, CHARLES M.D. 1505 N.W. 167 ST. SUITE 450 MIAMI, FL 33169	<input type="checkbox"/> Change <input checked="" 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: LUIS MOSQUERA 9/11/01 305-614-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
P70004604
Box 5782

12. Additions/Changes to Officers and Directors in 11

Title	V D	Addition
Name	Rodriguez, Alberto A.	
Street Address	1505 N.W. 167 Street Suite 450	
City-State-Zip	Miami, FL 33169	

Title	V D	Addition
Name	Dalbey, Dean	
Street Address	1505 N.W. 167 Street Suite 450	
City-State-Zip	Miami, FL 33169	