


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000040604</b> 1. Entity Name HS1 PRACTICE SERVICES, INC.	
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Principal Place of Business 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169	Mailing Address 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0752988	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LEAHY, ROBERT J 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$.50.00** May Be  
Added to Fees

000000128424  
04/26/04-80037-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KEARNEY, KRISTIN A 1505 NW 167 STREET, SUITE 450 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSV LEAHY, ROBERT 1505 NW 167 STREET, SUITE 450 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILHELM, CHARLES MD 1505 NW 167 STREET, SUITE 450 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **ROBERT LEAHY**  **3/29/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #