


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000040604	
1. Entity Name HS1 PRACTICE SERVICES, INC.	

Principal Place of Business 801 E. HALLANDALE BEACH BLVD. 200 HALLANDALE, FL 33009	Mailing Address 801 E. HALLANDALE BEACH BLVD. 200 HALLANDALE, FL 33009
---	---

DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0752988	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAHY, ROBERT J
801 E. HALLANDALE BEACH BLVD.
SUITE 200
HALLANDALE, FL 33009

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KEARNEY, KRISTIN A 801 E. HALLANDALE BEACH BLVD. #200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV LEAHY, ROBERT 801 E. HALLANDALE BEACH BLVD. #200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILHELM, CHARLES MD 801 E. HALLANDALE BEACH BLVD. #200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000691430
04/13/07-80010-014 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  RT Leahy 3/30/07 3056140111

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #