


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000040604 1. Entity Name HS1 PRACTICE SERVICES, INC.	
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Principal Place of Business 801 E. HALLANDALE BEACH BLVD. 200 HALLANDALE, FL 33009	Mailing Address 801 E. HALLANDALE BEACH BLVD. 200 HALLANDALE, FL 33009
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0752988	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  LEAHY, ROBERT J 801 E. HALLANDALE BEACH BLVD. SUITE 200 HALLANDALE, FL 33009
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000924055 05/16/08-80058-014 150.00
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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	

**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:  	Date 	Daytime Phone # 305-614-0100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		