FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068219 (9)

BEEPER HOSPITAL, INC.

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					l	
2273 S UNIVERSITY DR 2273 S UNIVERSITY DR						
DAVIE FL 33324 DAVIE FL 33324				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
i					08/06/1997	
	ace of Business	2a. Mailing Address			4. FEI Number Applied Fo	or
21 1333 SW 30th Ave.		26 1333 SW 30th Ave.		•	65-0785239 Not Applic	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additions	al .
22 n/a		27 n/a			Fee Required	
City & State		City & State		711	6. Election Campaign Financing \$5.00 May Be	,
Deerfield Beach, FL Zip Country		Zip Deerfield Beach, FL Country			Trust Fund Contribution	—–
24 33442	2.6.6.2			USA 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ✓ Yes ☐ No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
HAWN, MICHAEL D				Name		
	5 SW 22ND AVE		82	Street A	Address (P.O. Box Number is Not Acceptable)	
SU	TE 102		Ĺ		to so to the total factor of the transplants of	
DEI	RAY BEACH FL 33445		83	3		
			84	City	85 Zip Code	
					FL T	
office or re	egistered agent, or both, in the Stat	le of Florida. Such change was au	thorized b	by the corpo	corporation submits this statement for the purpose of changing its register oration's board of directors. I hereby accept the appointment as register	
agent. La	m "te miliar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statute	es.	, , , ,	
SIGNATURE	Signature typed or printed name of registered a	your and tile of equiposition (NOTE:	Beristered Ar	nont Finnature M	required when reinstating) DATE	
12.		ND DIRECTORS	13.	gorii olgriii o	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE			dilion
NAME HAWN, MICHAEL D			1.2 NAME	· [
STREET ADDRESS 2273 S UNIVERSITY DR		1.3 STREET AC		T ADDRESS	1333 SW 30th Ave.	
CITY-ST-ZIP_	DAVIE FL 33324		1.4 CITY-ST-ZIP		DeerfieldBeach, FL 33442	
TITLE			2.1 11TLE	- 1	L] Change L] Add	dition
NAME			2.2 NAME			
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY 3.1 TITLE		☐ Change ☐ Add	dition
NAME			3.1 THEE	1	C Driange C Mor	JICON
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE			4.1 TiTLE		Change Ado	dition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	T AODRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE 5.1			Change Add	dition
NAME			5.2 NAME			
STREET ADDRESS			1	1 ADDRESS		
CITY-ST-ZIP		T Drifte	5.4 CITY-ST-ZIP TE 61 THILE		Flow.	dika -
ITTLE				J	Change Add	шул
NAME CTOTET ADODECC			6.2 NAME	1		
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP	edity that the information supplied	with this bling does not qualify for	6.4 CITY-		d in Section 119 07/3)(i) Florida Statutes I further certify that the informal	tion

In hereby certify that the information supplied with this fulling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or that the information is the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or the corporation of the corporation of the receiver of the corporation of the corporation.

SIGNATURE:

1/23/98

(954) 426-6699