

**2000 UNIFORM BUSINESS REPORT (U****FILED****May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90024 010 \*\*\*158.75

**DOCUMENT # P97000068219**

1. Entity Name

Beeper Hospital, Inc. ✓

Principal Place of Business

Mailing Address

1333 SW 30th Avenue

1333 SW 30th Av

Deerfield Beach, FL 33442

Deerfield Beach, FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-0785239

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒\$8.7  
Fee R

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWN, Michael D.  
2175 SW 22ND AVE STE 102  
DELRAY BEACH FL 33445

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zi

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Hawn, Michael D.	
STREET ADDRESS	1333 SW 30th Avenue	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

(454)  
426-1694

Date

Digitized