

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90002 029 ***550.00

0114908 AT

DOCUMENT # P98000083859

1. Entity Name
HSP HEALTH, INC.

Principal Place of Business

**190 MALABAR RD.
 STE 102
 PALM BAY FL 32907**

Mailing Address

**190 MALABAR RD.
 STE 102
 PALM BAY FL 32907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3539315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PANTON, HAGEN S
 400 CORAL AVE.
 MELBOURNE BEACH FL 32951**

Name

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

City

FL

Zip Code

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PDT
 PANTON, HAGEN S
 400 CORAL AVE.
 MELBOURNE BEACH FL 32951** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**330 Narragansett St
 Palm Bay FL 32907** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 PANTON, HAGEN S
 400 CORAL AVE.
 MELBOURNE BEACH FL 32951** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 [] ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 [] Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 [] Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
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TITLE
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 [] Change ☐ Addition

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TITLE
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 CITY-ST-ZIP
 [] Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 [] Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 [] Change ☐ Addition

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/01 (321) 726-0909
 Daytime Phone #

CR2E034 (5/01)