2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2011
Secretary of State

DOCUMENT# S11165

Entity Name: HOSPITAL BENEFITS, INC.

Current Principal Place of Business:

765 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 327143338 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162148
ALTAMONTE SPGS, FL 32716 US

New Mailing Address:

FEI Number: 59-3038728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOVETT, W. THOMAS
811 N MAGNOLIA AVE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PVST
Name: SMANT, PAMELA K.
Address: 765 DOUGLAS AVE.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA SMANT P 03/09/2011

Electronic Signature of Signing Officer or Director Date