
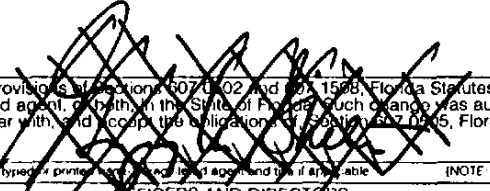


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 17 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S77483</b> 1. Corporation Name <b>HOSPITAL SUPPORT SERVICE, INC.</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;">(3) <b>RECEIVED</b> <b>JAN - 2 1998</b></div>			
Principal Place of Business <b>5701 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021</b>		Mailing Address <b>5701 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021</b>			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/30/1991</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0340503</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JOHNSON, DONALD E. 5701 HOLLYWOOD BOULEVARD HOLLYWOOD FL 33021</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.02 and 607.15, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and both in the State of Florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligation of Section 607.025, Florida Statutes.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	1.1 TITLE				
NAME	1.2 NAME				
STREET ADDRESS	1.3 STREET ADDRESS				
CITY - ST - ZIP	1.4 CITY - ST - ZIP				
TITLE	2.1 TITLE				
NAME	2.2 NAME				
STREET ADDRESS	2.3 STREET ADDRESS				
CITY - ST - ZIP	2.4 CITY - ST - ZIP				
TITLE	3.1 TITLE				
NAME	3.2 NAME				
STREET ADDRESS	3.3 STREET ADDRESS				
CITY - ST - ZIP	3.4 CITY - ST - ZIP				
TITLE	4.1 TITLE				
NAME	4.2 NAME				
STREET ADDRESS	4.3 STREET ADDRESS				
CITY - ST - ZIP	4.4 CITY - ST - ZIP				
TITLE	5.1 TITLE				
NAME	5.2 NAME				
STREET ADDRESS	5.3 STREET ADDRESS				
CITY - ST - ZIP	5.4 CITY - ST - ZIP				
TITLE	6.1 TITLE				
NAME	6.2 NAME				
STREET ADDRESS	6.3 STREET ADDRESS				
CITY - ST - ZIP	6.4 CITY - ST - ZIP				

14. 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 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 on an attachment with an address.

SIGNATURE: 

CR2E034 (10/97)