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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90287 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S77483

1. Corporation Name
HOSPITAL SUPPORT SERVICE, INC.

Principal Place of Business
5701 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

Mailing Address
5701 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/30/1991

4. FEI Number
65-0340503

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

JOHNSON, DONALD E.
5701 HOLLYWOOD BOULEVARD
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name Rudy BRACCILI JR
82 Street Address (P.O. Box Number is Not Acceptable)
4230 NE 15 AVE
83 FT LAUD., FL
84 City FL 85 Zip Code 33334

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	JOHNSON, DONALD E	5701 HOLLYWOOD BOULEVARD	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>
D	SHELTON, GEORGE M	100 GALLERIA PARKWAY SUITE 400	ATLANTA GA 30339	<input type="checkbox"/>
T	WHALEN, JAMES F	100 GALLERIA PARKWAY SUITE 400	ATLANTA GA 30339	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
P	RUDY BRACCILI JR	4230 NE 15 AVE	FT LAUD FL 33334	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	SHELTON, GREGORY	1805 BARRETT LAKES BLVD	KENNESAW GA 30144	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: Rudolph R. Braccili, Jr 3/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 954982-2161 Y.W.

CR2E034 (1/98)