

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90119 048 ***150.00

DOCUMENT # P94000079440

1. Entity Name
HEALTHCARE AMERICA MEDICAL GROUP, INC.



Principal Place of Business
**3501 CORTEZ ROAD WEST
BRADENTON, FL 34210 US**

Mailing Address
**3501 CORTEZ ROAD WEST
BRADENTON, FL 34210 US**

DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0527738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NELSON, JEFF MD
3501 CORTEZ ROAD WEST
BRADENTON, FL 34210**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	NELSON, JEFF M.D.
STREET ADDRESS	3304 PALMA SOLA BLVD.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	S
NAME	URRUTIA, LUIS MD
STREET ADDRESS	608 51 ST NW
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	P
NAME	MARCIALES, WERTHER M.D.
STREET ADDRESS	1012 CIMARRON CIR
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	COB
NAME	FISHCO, ROBERT M.D.
STREET ADDRESS	8007 19TH AVE DR W
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	T
NAME	NARASIMMAN, ARUNA M.D.
STREET ADDRESS	7505 PALMER GLEN CIR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if 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

04/28/08
Date

(941) 752-2700
Daytime Phone #