

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000091524

1. Entry Name
 HS1 MEDICAL MANAGEMENT, INC.



Principal Place of Business

1505 NW 167 STREET
 SUITE 450
 MIAMI, FL 33169

Mailing Address

1505 NW 167 STREET
 SUITE 450
 MIAMI, FL 33169

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0622851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAHY, ROBERT J
 1505 NW 167 STREET
 SUITE 450
 MIAMI, FL 33169

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEAHY, ROBERT 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT KEARNEY, KRISTIN 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS WILHELM, CHARLES MD 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/28/05-80127-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

[Handwritten Signature]

ROBERT LEAHY 4-23-05

Date

Daytime Phone #

305-614-0100