


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000091524
 1. Entity Name
 HS1 MEDICAL MANAGEMENT, INC.



Principal Place of Business 801 E. HALLANDALE BEACH RD 200 HALLANDALE, FL 33009	Mailing Address 801 E. HALLANDALE BEACH RD 200 HALLANDALE, FL 33009
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04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
 801 E. HALLANDALE BEACH BLVD
 SUITE 200
 HALLANDALE, FL 33009

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEAHY, ROBERT 801 E. HALLANDALE BEACH BLVD. #200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT KEARNEY, KRISTIN 801 E. HALLANDALE BEACH BLVD. #200 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WILHELM, CHARLES MD 801 E. HALLANDALE BEACH BLVD. #200 HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/13/08-80085-019 150.00

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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: Robert Leahy Robert Leahy 4/18/08 305-614-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #