

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000078355	
1. Entity Name CENTERPOINT HEALTHCARE MANAGEMENT SERVICES, INC.	

Principal Place of Business 677 N WASHINGTON BLVD STE 129 SARASOTA, FL 34236 US	Mailing Address 14141 46TH ST NORTH STE 1212 CLEARWATER, FL 33762 US
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02062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3472195	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

HYNEK, LAWRENCE E  
 18700 GULF BLVD., #6  
 INDIAN SHORES, FL 33785

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HYNEK, LAWRENCE E
STREET ADDRESS	14141 46TH ST. NORTH STE 1212
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	PD
NAME	HUTCHINSON, JAY
STREET ADDRESS	14141 46TH ST NORTH STE 1212
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	SHIMER, KERRY L
STREET ADDRESS	14141 46TH ST NORTH STE 1212
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	KRAMER, CHARLES E
STREET ADDRESS	14141 46TH ST NORTH STE 1212
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	LORTSCHER, RANDALL H
STREET ADDRESS	14141 46TH ST NORTH STE 1212
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	KOCHEAVAR, WILLIAM J
STREET ADDRESS	14141 46TH ST. NORTH STE 1212
CITY-ST-ZIP	CLEARWATER, FL 33762

U00000666879  
 03/26/07-80006-005 150.00

**DO NOT WRITE 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: *Lawrence E Hynek* February 16, 2007 727-517-7502