

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038501

1. Entity Name

AMERIMED MEDICAL MANAGEMENT, INC.

HSI TAMPA BAY HEALTH CARE GROUP, INC.

See correct name  
on filed change.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90042 017 \*\*\*150.00

Principal Place of Business

1200 S. PINE ISLAND RD., STE. 600  
FT. LAUDERDALE FL 33324

Mailing Address

1200 S. PINE ISLAND RD., STE. 600  
FT. LAUDERDALE FL 33324-4465

2. Principal Place of Business

1200 South Pine Island Road

3. Mailing Address

1200 South Pine Island Road

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33324

Country

Zip

33324

Country

4. FEI Number

65-0963290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ALBERTO A  
1200 BRICKELL AVE., STE. 1680  
MIAMI FL 33131

Name

Robert J. Leahy

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite 500

City

Ft. Lauderdale

FL

Zip Code

33324

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.

SIGNATURE *[Signature]*

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

*[Signature]* R J LEAHY

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* 4/6/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSQUERA, LUIS G 1200 S. PINE ISLAND RD., STE. 600 FT. LAUDERDALE FL 33324	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mosquera, Luis G. 1200 South Pine Island Road, Suite 500 Ft. Lauderdale, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hogan, Kristin 1200 S. Pine Island Rd, Suite 500 FT. Lauderdale, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leahy, Robert 1200 S. Pine Island Rd, Suite 500 Ft. Lauderdale, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bilowich, Martin E. 1200 S. Pine Island Rd, Suite 500 Ft. Lauderdale, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Attachment  
#P9000038501  
A0047461

ARTICLES OF AMENDMENT  
TO THE ARTICLES OF INCORPORATION  
OF  
AmeriMed Medical Management, Inc.

The undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is AmeriMed Medical Management, Inc.
2. The following Amendment to the Articles of Incorporation was adopted unanimously by the sole subscriber/incorporator and director of the corporation on November 29, 1999, pursuant to unanimous written consent as provided by the Florida Statutes.

ARTICLE I

Name

The name of the corporation is HS1 Tampa Bay Health Care Group, Inc. and its address is: 1200 South Pine Island Road, Suite 500, Ft. Lauderdale, Florida 33324.

Executed this 29th day of November, 1999.

AmeriMed Medical Management, Inc.  
a Florida corporation

By: *Luis G. Mosquera*  
Luis G. Mosquera, Director

STATE OF FLORIDA )  
                              :SS  
COUNTY OF DADE )

FILED  
99 DEC -6 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BEFORE ME, personally appeared Luis G. Mosquera, as sole subscriber/incorporator, president and director of AmeriMed Medical Management, Inc. and he acknowledged that he executed the foregoing Articles of Amendment to the Articles of Incorporation on behalf of the corporation.

☒ Said person is personally known to me.

☐ Said person provided the following type of identification \_\_\_\_\_

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal this 29th day of November, 1999.

My commission expires:

*Alberto Rodriguez*  
NOTARY PUBLIC



Alberto Rodriguez  
My Commission CC594069  
Expires October 16 2000