

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000091524

**Entity Name:** HS1 MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

2001 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

2001 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316 US

**FEI Number:** 65-0622851

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEAHY, ROBERT J  
2001 S. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name LEAHY, ROBERT  
Address 2001 S. ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title ST  
Name RODRIGUEZ, ALBERTO  
Address 2001 S. ANDREWS AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33316

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT J. LEAHY

**PRESIDENT**

**04/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date