

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004920

**Entity Name:** HEALTH PARTNER'S MANAGEMENT GROUP, INCORPORATED

**Current Principal Place of Business:**

1877 NORTH WESTWOOD BLVD  
POPLAR BLUFF, MO 63901

**Current Mailing Address:**

1877 NORTH WESTWOOD BLVD  
POPLAR BLUFF, MO 63901 US

**FEI Number: 43-1884718**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: RYAN NELSON**

**04/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CFO  
Name BURCHAM, CINDY  
Address 1877 NORTH WESTWOOD BLVD  
City-State-Zip: POPLAR BLUFF MO 63901

Title PRESIDENT  
Name BURCHAM, CINDY  
Address 1877 NORTH WESTWOOD BLVD  
City-State-Zip: POPLAR BLUFF MO 63901

Title SECRETARY  
Name BERRY, DANIELLE  
Address 1877 NORTH WESTWOOD BLVD  
City-State-Zip: POPLAR BLUFF MO 63901

Title DIRECTOR  
Name BERRY, DANIELLE  
Address 1877 NORTH WESTWOOD BLVD  
City-State-Zip: POPLAR BLUFF MO 63901

Title DIRECTOR  
Name BURCHAM, CINDY  
Address 1877 NORTH WESTWOOD BLVD  
City-State-Zip: POPLAR BLUFF MO 63901

Title CEO  
Name BURCHAM, CINDY  
Address 1877 NORTH WESTWOOD BLVD  
City-State-Zip: POPLAR BLUFF MO 63901

*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: CINDY BURCHAM**

**CEO**

**04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date