

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004920

FILED
Mar 30, 2019
Secretary of State
5579000297CC

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

03/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

03/30/2019

Electronic Signature of Signing Officer/Director Detail

Date