

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # F04000001686

1. Entity Name
HPM OF FLORIDA, INC.



Principal Place of Business
4901 HUNT ROAD, SUITE 300
CINCINNATI, OH 45242

Mailing Address
4901 HUNT ROAD, SUITE 300
CINCINNATI, OH 45242



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0303785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CV
NAME GUTTMAN, STEPHEN
STREET ADDRESS 4901 HUNT ROAD, SUITE 300
CITY-ST-ZIP CINCINNATI, OH 45242

TITLE DV
NAME GUTTMAN, HAROLD
STREET ADDRESS 4901 HUNT ROAD, SUITE 300
CITY-ST-ZIP CINCINNATI, OH 45242

TITLE DT
NAME GUTTMAN, LOUIS
STREET ADDRESS 4901 HUNT ROAD, SUITE 300
CITY-ST-ZIP CINCINNATI, OH 45242

TITLE DS
NAME GUTTMAN, IAN
STREET ADDRESS 4901 HUNT ROAD, SUITE 300
CITY-ST-ZIP CINCINNATI, OH 45242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/01/05-80018-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS GUTTMAN

Date

Daytime Phone #

513-984-0300