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Apr 24 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000002593 (1)**

1. Corporation Name

**HEALTHPOINT MEDICAL GROUP, INC.**

Principal Place of Business

Mailing Address

406 REO STREET  
200  
TAMPA FL 33609  
US

406 REO STREET  
200  
TAMPA FL 33609-1028  
US

3. Date Incorporated or Qualified  
**05/23/1994**

3a. Date of Last Report  
**06/21/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 3003 W. Dr. M.L.K., Jr. Blvd.

4. FEI Number  
**59-3244268**

Applied For  
Not Applicable

22 City & State

27 Suite, Apt. #, etc. Attn:  
**Legal Services Dept.**

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

23 Zip

Country

28 Tampa, FL

Zip

Country

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

24

25

29 33602

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BIEBEL, JOHN**  
**ST JOSEPHS HEALTH SERVICES - ADMINIS. DEPT**  
**3003 WEST DR MARTIN LUTHER KING JR. BLVD.**  
**TAMPA FL 33607**

81 Name  
**Mallah, Isaac**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3003 W. Dr. M.L.K., Jr., Blvd.**

83

84 City  
**Tampa,**

**FL**

85 Zip Code  
**33607**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
**PESCE, ROBERT MD**  
STREET ADDRESS  
**2514 W. VIRGINIA AVE.**  
CITY - ST - ZIP  
**TAMPA FL 33607**

TITLE ☐ DELETE

NAME  
**MALLAH, ISAAC**  
STREET ADDRESS  
**3003 W MLK BLVD**  
CITY - ST - ZIP  
**TAMPA FL**

TITLE ☐ DELETE

NAME  
**KIRKMAN, LEE C MD**  
STREET ADDRESS  
**4730 N. HABANA AVE.**  
CITY - ST - ZIP  
**TAMPA FL 33607**

TITLE ☐ DELETE

NAME  
**PITISCI, GILBERT MD**  
STREET ADDRESS  
**3003 W MLK BLVD**  
CITY - ST - ZIP  
**TAMPA FL 33607**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0047596**

CR2E037 (9/96)