

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002593

1. Entity Name

HEALTHPOINT MEDICAL GROUP, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90405 034 ****61.25

Principal Place of Business

Mailing Address

406 REO STREET
200
TAMPA FL 33609
US

406 REO ST
200
TAMPA FL 33609-1028
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3244268

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALLAH, ISAAC
3003 W DR M.L.K., JR., BLVD
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME DORSEY, SHERRY
STREET ADDRESS 406 REO ST, #200
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Change ☒ Addition
NAME Patricia Blanco, M.D.
STREET ADDRESS 3675 W. Waters Ave.
CITY-ST-ZIP Tampa, FL 33614

TITLE VD ☐ Delete
NAME MALLAH, ISAAC
STREET ADDRESS 3003 W. MLK. BLVD
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ Change ☒ Addition
NAME Sp. Cathy Cahill, OSF
STREET ADDRESS 3010 Perry Ave.
CITY-ST-ZIP Tampa FL 33603

TITLE PD ☐ Delete
NAME KIRKMAN, LEE C MD
STREET ADDRESS 4726 N HABANA, #101
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ Change ☒ Addition
NAME Lisa Champoux-Rhulen, M.D.
STREET ADDRESS 111 S. Parsons Ave.
CITY-ST-ZIP Tampa, FL 33603

TITLE TD ☐ Delete
NAME INZINA, TOMMY
STREET ADDRESS 3003 W MLK BLVD
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ Change ☒ Addition
NAME Dexter Clayton III, M.D.
STREET ADDRESS 3000 E. Fletcher Ave., #360
CITY-ST-ZIP Tampa, FL 33613

TITLE D ☐ Delete
NAME MURPHY, FRANK
STREET ADDRESS 17747 US 19 N #100
CITY-ST-ZIP CLEARWATER FL 34764

TITLE D ☐ Change ☒ Addition
NAME Frederick Taylor, M.D.
STREET ADDRESS 901 Apollo Beach Blvd.
CITY-ST-ZIP Apollo Beach, FL 33572

TITLE D ☐ Delete
NAME PESCE, ROBERT M.D.
STREET ADDRESS 2541 W. VIRGINIA AVE.
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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 617, 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:

Sherry Dorsey Sherry Dorsey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(813) 636-2002

Daytime Phone #

CR2E037 (9/99)