

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002593

1. Entity Name

HEALTHPOINT MEDICAL GROUP, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90061 046 ****61.25

003797

Principal Place of Business

Mailing Address

406 REO STREET
200
TAMPA FL 33609
US

406 REO ST
200
TAMPA FL 33609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3244268

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, PATRICIA MD 3675 W WATERS AV TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHILL, CATHY OSF 3010 PERRY AV TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPOUX RHULEN, LISA MD 111 S PARSONS AV TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, DEXTER III MD 3000 E FLETUNER AV 360 TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, FREDERICK MD 901 APOLLO BCH BV APOLLO BEACH FL 33572	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PESCE, ROBERT M.D. 2541 W. VIRGINIA AVE. TAMPA FL 33607	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTONIS, George 855 E. Pine St. Tarpon Springs, FL 34688	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Colon, Jose M.O. 3675 W. Waters Ave Tampa FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Champonx-Rhoden, Lisa M.O. 110 S. Parsons Brandon FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clayton, Dexter III, M.D. 3000 E. Fletcher Ave. #360 Tampa, FL 33613	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Inzina, Tommy 3003 W. Martin Luther King Blvd Tampa FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kirkman, Lee C., M.D. 406 Reo St. Ste. 220 Tampa FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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

4-16-01

813-

636-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

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HEALTHPOINT MEDICAL GROUP, INC.
406 Reo Street
Tampa, FL 33609

FEI: 59-3244268

Continuation:

Block 11 Additions/Changes to Officers and Directors in 10:

Title	VD	Addition
Name	Mallah, Isaac	
Address	3003 W. Martin Luther King Blvd.	
City-ST-Zi	Tampa, FL 33607	

Title	D	Addition
Name	Murphy, Frank	
Address	17757 U.S. 19 North, Suite 100	
City-ST-Zi	Clearwater, FL 33764	

Title	D	Addition
Name	Taylor, Thomas	
Address	1007 Taray de Avila	
City-ST-Zi	Tampa, FL 33613	

Title	D	Change
Name	Pesce, Robert, M.D.	
Address	2506 W. Virginia Ave.	
City-ST-Zi	Tampa, FL 33607	

Title	S	Addition
Name	Dorsey, Sherry	
Address	406 Reo St #200	
City-ST-Zi	Tampa, FL 33609	