

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90047 047 \*\*\*\*61.25

**DOCUMENT # N94000002593**

1. Entity Name

**HEALTHPOINT MEDICAL GROUP, INC.**

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

Zip

Country

Zip

Country

4. FEI Number

**59-3244268**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



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 NAME STREET ADDRESS CITY-ST-ZIP	D CANTONIS, GEORGE 855 E. PINE ST TARPON SPRINGS FL 34688	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, JOSE M.D. 3675 W. WATERS AVE TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPOUX RHULEN, LISA MD 110 S. PARSONS BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, DEXTER III MD 3000 E. FLETCHER AVE. #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/T Inzina, Tommy 16331 Bay Vista Dr Clearwater FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Kirkman, Lee M.D. 406 Reo St. Ste 220 Tampa FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Champoux-Rhoden, Lisa M.D. 110 S. Parsons Brandon, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Mallah, Isaac 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	D Murphy, Frank 16331 Bay Vista Dr Clearwater FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Taylor, Thomas 1007 Taray de Avila Tampa, FL 33613	<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:

**REQUISHERY DORSEY, SECRETARY**

**4/17/02 636-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment # 194000002593  
845503

**2002 UNIFORM BUSINESS REPORT (USB)**  
**Document # N94000002593**

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

**FEI: 59-3244268**

**Continuation:**

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

<b>Title</b>	D	<b>Change</b>
<b>Name</b>	Pesce, Robert, M.D.	
<b>Address</b>	2506 W. Virginia Ave.	
<b>City-ST-Zip</b>	Tampa, FL 33607	

<b>Title</b>	S	<b>Addition</b>
<b>Name</b>	Dorsey, Sherry	
<b>Address</b>	406 Reo St. Suite 200	
<b>City-ST-Zip</b>	Tampa, FL 33609	