



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90544 005 ****61.25

DOCUMENT # N94000002593 1. Entity Name HEALTHPOINT MEDICAL GROUP, INC.					
Principal Place of Business 406 REO STREET 200 TAMPA, FL 33609 US			Mailing Address 406 REO ST 200 TAMPA, FL 33609 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			04152004 Chg-NP CR2E037 (10/03)		
			4. FEI Number 59-3244268		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MALLAH, ISAAC 3003 W DR M.L.K., JR., BLVD TAMPA, FL 33607			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT INZINA, TOMMY 16331 BAY VISTA DR CLEARWATER, FL 33760		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Kirkman, Lee M.D. 406 Reo St., Ste 200 Tampa FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, JOSE M.D. 3675 W. WATERS AVE TAMPA, FL 33614		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Malleh, Isaac 3003 W. MLK Jr Blvd Tampa FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPOUX-RHODEN, LISA-MD 110 S. PARSONS BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murphy, Frank V. 16331 Bay Vista Dr. Clearwater FL 33760	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLAYTON, DEXTER III MD 3000 E. FLETCHER AVE. #360 TAMPA, FL 33613		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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, FREDERICK MD 901 APOLLO BCH BV APOLLO BEACH, FL 33572		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pitisci, Donald M.D. 2506 W. Virginia Ave. Tampa FL 33607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DORSEY, SHERRY 406 REO ST STE 200 TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vaaler, Mark M.D. 3003 W. Dr. M.L.K. Jr Blvd Tampa FL 33607	<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: <u>Sherry Dorsey</u> 4-15-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					