

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90258 042 ****61.25

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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

20015747



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132005 Chg-NP CR2E037 (10/03)

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 DT ☐ Delete
NAME INZINA, TOMMY
STREET ADDRESS 16331 BAY VISTA DR
CITY-ST-ZIP CLEARWATER, FL 33760

TITLE VP/D ☐ Change ☒ Addition
NAME Isaac Mallah
STREET ADDRESS 3003 W. Dr. M.L.K. Blvd
CITY-ST-ZIP Tampa FL 33607

TITLE D ☐ Delete
NAME COLON, JOSE M.D.
STREET ADDRESS 3675 W. WATERS AVE
CITY-ST-ZIP TAMPA, FL 33614

TITLE D ☐ Change ☒ Addition
NAME Donald Pitisci, M.D.
STREET ADDRESS 2506 W. Virginia Ave
CITY-ST-ZIP Tampa FL 33607

TITLE D ☐ Delete
NAME CHAMPOUX-RHODEN, LISA MD
STREET ADDRESS 110 S. PARSONS
CITY-ST-ZIP BRANDON, FL 33511

TITLE D ☐ Change ☒ Addition
NAME Thomas E. Taylor
STREET ADDRESS 1007 Taray de Avila
CITY-ST-ZIP Tampa FL 33613

TITLE D ☐ Delete
NAME CLAYTON, DEXTER III MD
STREET ADDRESS 3000 E. FLETCHER AVE. #210
CITY-ST-ZIP TAMPA, FL 33613

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

TITLE PD ☐ Delete
NAME KIRKMAN, LEE M.D.
STREET ADDRESS 406 REO ST., SUITE 200
CITY-ST-ZIP TAMPA, FL 33609

TITLE D ☐ Change ☒ Addition
NAME Mark Valdez M.D.
STREET ADDRESS 3003 W. Dr. M.L.K. Blvd.
CITY-ST-ZIP Tampa FL 33607

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

TITLE D ☐ Change ☒ Addition
NAME Cathy Yoder
STREET ADDRESS 3003 W. Dr. M.L.K. Blvd.
CITY-ST-ZIP Tampa FL 33607

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 4-14-05 813-636-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #