


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90369 034 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Isaac Malleh 3003 W. Dr. M.L.K. Blvd Tampa FL 33607
				<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald P. Itisci 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	D CHAMPOUX-RHODEN, LISA MD 110 S. PARSONS BRANDON, FL 33511	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas E. Taylor 1001 Turay de Anila Tampa FL 33613
				<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, #210 TAMPA, FL 33613	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fred Taylor 901 Apollo Beach Blvd Apollo Beach FL 33572
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KIRKMAN, LEE M.D. 406 REO ST., SUITE 200 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Vaaler M.D. 3003 W. Dr. M.L.K. Blvd 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cathy Yoder 3003 W. Dr. M.L.K. 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 exemptions contained in Chapter 119, 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> <u>Sherry Dorsey</u> <u>4/25/06</u> <u>813-636-0002</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					