

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002593

FILED
Apr 27, 2009
Secretary of State

Entity Name: HEALTHPOINT MEDICAL GROUP, INC.

Current Principal Place of Business:

4902 EISENHAVER BLVD
STE 300
TAMPA, FL 33634 US

New Principal Place of Business:

4902 EISENHOWER BLVD
STE 300
TAMPA, FL 33634 US

Current Mailing Address:

4902 EISENHAVER BLVD
STE 300
TAMPA, FL 33634 US

New Mailing Address:

4902 EISENHOWER BLVD
STE 300
TAMPA, FL 33634 US

FEI Number: 59-3244268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVC () Delete
Name: MALLAH, ISAAC
Address: 3003 WEST DR M.L.K.BLVD
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: HELMS, STUART
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

Title: PD () Delete
Name: KIRKMAN, LEE M.D.
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

Title: S () Delete
Name: DORSEY, SHERRY
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: DORSEY, SHERRY
Address: 4902 EISENHOWER BLVD. STE 300
City-St-Zip: TAMPA, FL 33634

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HELMS, STUART M.D.
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

Title: T () Change (X) Addition
Name: HASLUP, FORREST M.D.
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

Title: T () Change (X) Addition
Name: PESCE, ROBERT M.D.
Address: 4902 EISENHOWER BLVD, STE 300
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY DORSEY

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date