2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

DOCUMENT# N94000002593

Entity Name: HEALTHPOINT MEDICAL GROUP, INC.

Current Principal Place of Business:

4902 EISENHOWER BLVD
STE 300
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

4902 EISENHOWER BLVD
STE 300
TAMPA, FL 33634 US

New Mailing Address:

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: VPVC
Name: MALLAH, ISAAC
Address: 3003 WEST DR M.L.K.BLVD
City-St-Zip: TAMPA, FL 33607

Title: S
Name: DORSEY, SHERRY
Address: 4902 EISENHOWER BLVC. STE 300
City-St-Zip: TAMPA, FL 33634

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

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

Title: T
Name: VAALER, MARK M.D.
Address: 3003 WEST DR. M.L.K. BLVD
City-St-Zip: TAMPA, FL 33607

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

I hereby 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 all other like empowered.

SIGNATURE: SHERRY DORSEY SEC 04/15/2011

Electronic Signature of Signing Officer or Director Date