

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90324 023 \*\*\*\*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

4. FEI Number **59-3244268**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

**FILE NOW: FEE IS \$61.25**

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 **PD** ☐ Change ☒ Addition  
NAME **Kirkman, Lee M.D.**  
STREET ADDRESS **406 Reo St. Ste 200**  
CITY-ST-ZIP **Tampa, FL 33609**

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

TITLE **VP/D** ☐ Change ☒ Addition  
NAME **Mallah, Isaac**  
STREET ADDRESS **3003 W. Martin Luther King Jr Blvd**  
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 **Murphy, Frank**  
STREET ADDRESS **16331 Bay Vista Dr**  
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE **D** ☐ Delete  
NAME **CLAYTON, DEXTER III MD**  
STREET ADDRESS **3000 E. FLETCHER AVE. #360**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ Change ☒ Addition  
NAME **Taylor, Thomas**  
STREET ADDRESS **1007 Taray de Arila**  
CITY-ST-ZIP **Tampa, FL 33613**

TITLE **D** ☐ Delete  
NAME **TAYLOR, FREDERICK MD**  
STREET ADDRESS **901 APOLLO BCH BV**  
CITY-ST-ZIP **APOLLO BEACH FL 33572**

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

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Pitisci, Donald**  
STREET ADDRESS **2506 W. Virginia Ave**  
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:

**SIGNATURE REQUIRED**

4/15/03

813 636 2000

CR2E037 (10/02)

Attachment

90096578  
DO#N9400002593

**2003 UNIFORM BUSINESS REPORT (USB)**  
**Document # N94000002593**

**HEALTHPOINT MEDICAL GROUP, INC.**  
**406 Reo Street**  
**Tampa, FL 33609**

**FEI: 59-3244268**

**Continuation:**

**Block 11**

**Additions/Changes to Officers and Directors in 10:**

Title	D	Addition
Name	Wallace, George	
Address	3003 W. Dr. Martin Luther King Jr. Blvd.	
City-ST-Zip	Tampa, FL 33607	