

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90900 010 ***150.00

DOCUMENT # P01000079852

1. Entity Name

HEALTHPOINT MEDICAL MANAGEMENT INC.

Principal Place of Business

**17097 NW 23RD ST
PEMBROKE PINES FL 33028**

Mailing Address

**17097 NW 23RD ST
PEMBROKE PINES FL 33028**

2. Principal Place of Business

17097 NW 23rd ST

Suite, Apt. #, etc.

3. Mailing Address

17097 NW 23rd ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-1132465

Applied For

Not Applicable

Zip

33028

Country

U.S.A.

Zip

33028

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, KEVIN

17097 NW 23RD ST

PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN T. CARTER
STREET ADDRESS	17097 NW 23rd St
CITY-ST-ZIP	Pembroke Pines FL 33028
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Latoya Williams
STREET ADDRESS	13591 NW 3rd St #101
CITY-ST-ZIP	Pembroke Pines FL 33028
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Carter
STREET ADDRESS	13591 NW 3rd St #101
CITY-ST-ZIP	Pembroke Pines, FL 33028
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 954 410-6666

Date

Daytime Phone #

0159356 AV

7/4

6/26/02

CR2E034 (9/01)