

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90097 007 ***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
13591 NW 3rd St

3. Mailing Address
15841 Pines Blvd

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.
251

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

Zip
33028

Country
U.S.A.

Zip
33027

Country
U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1132465**

Applied For
Not Applicable

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. 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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CARTER, KEVIN T**
STREET ADDRESS **17097 NW 23RD ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **President** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WILLIAMS, LATOYA**
STREET ADDRESS **13591 NW 3RD ST #101**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **CARTER, JOAN**
STREET ADDRESS **13591 NW 3RD ST #101**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03
Date

954 270 0342
Daytime Phone #

CR2E034 (10/02)