2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P01000079852 DOCUMENT

1. Entity Name

HEALTHPOINT MEDICAL MANAGEMENT INC.



Mar 05, 2003 8:00 am Secretary of State 03-05-2003 90097 007 ***150.00

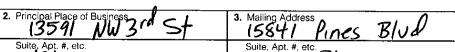
FILED

Principal Place of Business 17097 NW 23RD ST

PEMBROKE PINES FL 33028

Mailing Address 17097 NW 23RD ST

PEMBROKE PINES FL 33028





Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES
Pembroke Pin	es_FL	Pensole Pu	ies	FL	4. FEI Number 65-1132465	Applied For Not Applicable
33028	Country U.S.A.	Zip 33027	Coun	S.A.		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
Carter, Kevin 17097 NW 23RD ST PEMBROKE PINES F	FL 33028			Name Street Address (City	(P.O. Box Number is Not Acceptable)	Zip Code
the obligations of regis	ty submits this statement for tored agent.		<u> </u>	d office or register	red agent, or both, in the State of Florida. I am for the state of Florida.	amiliar with, and accept
FILE NOW!	!! FEE IS \$150.00				9 Election Campaign Financing	\$5.00 w s

After May 1, 2003 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PROSIDENTEN TITLE ☐ Delete TITLE ☐ Change Addition NAME CARTER, KEVIN T NAME 17097 NW 23RD ST STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL-33028 City-St-Zip-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME WILLIAMS, LATOYA NAME STREET ADDRESS 13591 NW 3RD ST #101 STREET ADDRESS PEMBROKE PINES FL 33028 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME CARTER, JOAN NAME STREET ADDRESS 13591 NW 3RD ST #101 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-

12. Thereby 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 actions with allowing relief to the proposer of the corporation of the cor

SIGNATURÉ: