
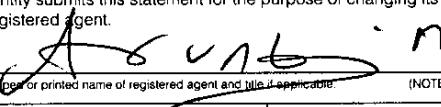
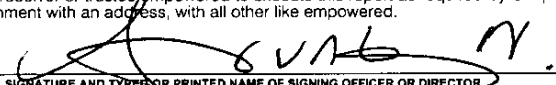


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90024 019 ***558.75

DOCUMENT # P94000079440 1. Entity Name HEALTHCARE AMERICA MEDICAL GROUP, INC.					
Principal Place of Business 3501 CORTEZ ROAD WEST BRADENTON, FL 34210 US			Mailing Address 3501 CORTEZ ROAD WEST BRADENTON, FL 34210 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0527738	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NELSON, JEFF MD 3501 CORTEZ ROAD WEST BRADENTON, FL 34210				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  (NOTE: Registered Agent signature required when reinstating) 8/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON, JEFF M.D. 3304 PALMA SOLA BLVD. BRADENTON, FL 34209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aruna Narasimman M.D. 7505 Palmer Glen Cir. Sarasota FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HOFFMAN, CRAIG M.D. 1708 78TH AVENUE STREET WEST BRADENTON, FL 34209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCIALES, WERTHER M.D. 1012 CIMARRON CIR BRADENTON, FL 34209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FISHCO, ROBERT M.D. 8007 19TH AVE DR W BRADENTON, FL 34209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHCO, ROBERT M.D. 8007 19TH AVENUE DRIVE WEST BRADENTON, FL 34209 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  8/31/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					



ATTACHMENT
60038382
Division of Corporations

Annual Report

Annual Report Help

Document Number

P94000079440

Business Entity Name

HEALTHCARE AMERICA MEDICAL GROUP, INC.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

650527738

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☒ Yes ☐ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 3501 CORTEZ ROAD WEST
Suite, Apt. #, etc.
City, State BRADENTON, FL
Zip Code & Country 34210 US

Mailing Address

Address 3501 CORTEZ ROAD WEST
Suite, Apt. #, etc.
City, State BRADENTON, FL
Zip Code & Country 34210 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

NELSON JEFF MD

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 3501 CORTEZ ROAD WEST

Suite, Apt. #, etc.

City, State

BRADENTON, FL

Zip Code & Country

34210 US

60038382
#P94000079448

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title VP
Name (Last, First, Middle, Title) NELSON, JEFF, M.D.

- OR -

Entity Name to serve as
Officer/Director

Street Address 3304 PALMA SOLA BLVD.

City, State BRADENTON, FL

Zip Code & Country 34209 US

Title COB

Name (Last, First, Middle, Title) HOFFMAN, CRAIG, M.D.

- OR -

Entity Name to serve as
Officer/Director

Street Address 1708 78TH AVENUE STREET WEST

City, State BRADENTON, FL

Zip Code & Country 34209 US

Title P

Name (Last, First, Middle, Title) MARCIALES, WERTHER, M.D.

- OR -

Entity Name to serve as
Officer/Director

Street Address 1012 CIMARRON CIR

City, State

ATTACHMENT

Zip Code & Country
Title
Name (Last, First, Middle, Title)

BRADENTON FL
34209 US
ST
FISHCO ROBERT M.D.

60038382
#P94000079440

- OR -

Entity Name to serve as
Officer/Director

Street Address
8007 19TH AVE DR W

City, State
BRADENTON FL

Zip Code & Country
34209

Title
Name (Last, First, Middle, Title)

D
NARASIMMAN ARUNA M.D.

- OR -

Entity Name to serve as
Officer/Director

Street Address
7505 PALMER GLEN CIRCLE

City, State
SARASOTA FL

Zip Code & Country
34240

Title
Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

PRESIDENT

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that