


FILED
Apr 06, 2007 8:00 am
Secretary of State



DOCUMENT # P94000079440				04-06-2007 90048 021 ***150.00	
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 - No P.O. Box #		3. Mailing Address		4042007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0527738	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NELSON, JEFF MD 3501 CORTEZ ROAD WEST BRADENTON, FL 34210			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HOFFMAN, CRAIG M.D. 1708 78TH AVENUE STREET 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	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	COB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NARASIMMAN, ARUNA M.D. 7505 PALMER GLEN CIR SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T	<input checked="" 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	S Luis Urrutia, M.D. 608 51 ST NW BRADENTON, FL 34209	<input type="checkbox"/> Change <input checked="" 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-6-07 Time/Phone #: 941 752 2700					