


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90190 019 ***150.00

DOCUMENT # P95000091524 1. Entity Name HS1 MEDICAL MANAGEMENT, INC.					
Principal Place of Business 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169			Mailing Address 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169		
2. Principal Place of Business 801 E. HALLANDALE BEACH BLVD		3. Mailing Address 801 E. HALLANDALE BEACH BLVD			
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200			
City & State HALLANDALE, FL		City & State HALLANDALE, FL		4. FEI Number 65-0622851	
Zip 33009		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEAHY, ROBERT J 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 801 E. HALLANDALE BEACH BLVD SUITE 200 City HALLANDALE FL Zip Code 33009			
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, 2006 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	PD LEAHY, ROBERT 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT KEARNEY, KRISTIN 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS WILHELM, CHARLES MD 1505 NW 167 STREET SUITE 450 MIAMI, FL 33169	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u>Robert Leahy</u> ROBERT LEAHY <u>4/24/06</u> <u>3052140100</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40066600



04192006 Chg-P CR2E034 (11/05)

ATTACHMENT

40066608

#995 000091524

DATE: 4/26/2006

TO: DIVISION OF CORPORATIONS

FROM: ANITA JANITELLI

RE: 2006 UNIFORM BUSINESS REPORTS

Enclosed are 11 Uniform Business Reports for the following incorporations with revisions to the Principal Place of Business and physical addresses of the registered agents for each:

- HS1 Medical Management
- HS1 Practice Services, Inc.
- HS1 Administrative Services, Inc.
- HS1 NetPass, Inc.
- Health Network One, Inc.
- Eye Management, Inc.
- Florida NetPass, LLC
- Medicare Solutions PPO, Inc.
- Care Access Health Plan, Inc.
- Care Access Healthcare Group, Inc.
- HealthAccord, Inc.

Should you have any questions or concerns, please contact either of the registered agents indicated.

Thank You