

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000091524**

1. Entity Name  
HS1 MEDICAL MANAGEMENT, INC.



Principal Place of Business  
801 E. HALLANDALE BEACH RD  
200  
HALLANDALE, FL 33009

Mailing Address  
801 E. HALLANDALE BEACH RD  
200  
HALLANDALE, FL 33009



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0622851	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEAHY, ROBERT J  
801 E. HALLANDALE BEACH BLVD  
SUITE 200  
HALLANDALE, FL 33009

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LEAHY, ROBERT
STREET ADDRESS	801 E. HALLANDALE BEACH BLVD. #200
CITY-ST-ZIP	HALLANDALE, FL 33009

TITLE	VDT
NAME	KEARNEY, KRISTIN
STREET ADDRESS	801 E. HALLANDALE BEACH BLVD. #200
CITY-ST-ZIP	HALLANDALE, FL 33009

TITLE	DVS
NAME	WILHELM, CHARLES MD
STREET ADDRESS	801 E. HALLANDALE BEACH BLVD. #200
CITY-ST-ZIP	HALLANDALE, FL 33009

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80010-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Daytime Phone #

*[Signature]* **RT LEAHY** **3/30/07** **305614011**