

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091524

FILED
Mar 10, 2009
Secretary of State

Entity Name: HS1 MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

801 E. HALLANDALE BEACH RD
200
HALLANDALE, FL 33009

New Principal Place of Business:

801 E. HALLANDALE BEACH BLVD
200
HALLANDALE, FL 33009

Current Mailing Address:

801 E. HALLANDALE BEACH RD
200
HALLANDALE, FL 33009

New Mailing Address:

801 E. HALLANDALE BEACH BLVD
200
HALLANDALE, FL 33009

FEI Number: 65-0622851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEAHY, ROBERT
Address: 801 E. HALLANDALE BEACH BLVD. #200
City-St-Zip: HALLANDALE, FL 33009

Title: VDT () Delete
Name: KEARNEY, KRISTIN
Address: 801 E. HALLANDALE BEACH BLVD. #200
City-St-Zip: HALLANDALE, FL 33009

Title: DVS () Delete
Name: WILHELM, CHARLES MD
Address: 801 E. HALLANDALE BEACH BLVD. #200
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. LEAHY

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date