


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91286 033 ***150.00

DOCUMENT # P96000015507 1. Entity Name HEALTHPOINT MANAGEMENT SERVICES, INC.					
Principal Place of Business 406 REO STREET SUITE 200 TAMPA, FL 33607			Mailing Address 406 REO STREET SUITE 200 TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0645457	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLAH, ISAAC 3003 W. DR. MARTIN LUTHER KING BLVD. TAMPA, FL 33607				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, 2004 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	P/D SHERRY DORSEY 406 REO STREET SUITE 200 TAMPA, FL 33607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Chempoux-Rhelen, Lisa M.D. 110 South Parsons Ave Brandon, FL 33511 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TOMMY INZINA 3003 W DR M.L.K. BLVD. TAMPA, FL 33607 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clayton, Dexter III, M.D. 3000 East Fletcher Ave Tampa FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIRKMAN, LEE C M.D. 4730 N. HABANA AVE. SUITE 203 TAMPA, FL 33614 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Kirkman, Lee C., M.D. 406 Reo St. Ste 200 Tampa, FL 33609 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLACE, GEROGE 3003 W. DR. MARTIN LUTHER KING BLVD. TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vgaler, Mark M.D. 3003 West Dr. M.L.K. Jr Blvd. Tampa, FL 33607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCV MALLAH, ISAAC 3003 W. DR. MARTIN LUTHER KING BLVD. TAMPA, FL 33607 <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 FRANK MURPHY 16331 BAY VISTA DR CLEARWATER, FL 33760 <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 exemption stated in Section 119.07(3)(i), 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: <i>Sherry Dorsey</i>			4-15-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		