

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90258 043 ***150.00

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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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0645457	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MALLAH, ISAAC 3003 W. DR. MARTIN LUTHER KING BLVD. TAMPA, FL 33607				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P/D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERRY DORSEY		NAME	Lisa Champagne - Rhoden M.D.	
STREET ADDRESS	406 REO STREET SUITE 200		STREET ADDRESS	110 South Parsons Ave	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Brandon FL 33511	
TITLE	T/D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMMY INZINA		NAME	Mark Valaer, M.D.	
STREET ADDRESS	3003 W DR M.L.K. BLVD.		STREET ADDRESS	3003 West Dr. M.L.K. Blvd	
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP	Tampa FL 33607	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRKMAN, LEE C M.D.		NAME	Cathy Yador	
STREET ADDRESS	406 REO ST, SUITE 200		STREET ADDRESS	3003 West Dr. M.L.K. Blvd	
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP	Tampa FL 33607	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLAYTON, III, DEXTER M.D.		NAME		
STREET ADDRESS	3000 EAST FLETCHER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	DCV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALLAH, ISAAC		NAME		
STREET ADDRESS	3003 W. DR. MARTIN LUTHER KING BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANK MURPHY		NAME		
STREET ADDRESS	16331 BAY VISTA DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33760		CITY-ST-ZIP		
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> SHERRY DORSEY			4-14-05 813-636-2002		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		