2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P96000015507

Entity Name: HEALTHPOINT MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4902 EISENHOWER BLVD STE 300
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

4902 EISENHOWER BLVD STE 300
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 65-0645457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALLAH, ISAAC
3003 W. DR. MARTIN LUTHER KING BLVD.
TAMPA, FL 33607 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: P/D ( ) Delete
Name: DORSEY, SHERRY
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: HELMS, STUART MD
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

Title: SD ( ) Delete
Name: KIRKMAN LEE C M.D.
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: VAALER, M.D., MARK
Address: 3003 WEST DR. M.L.K. BLVD
City-St-Zip: TAMPA, FL 33607

Title: DCV ( ) Delete
Name: MALLAH, ISAAC
Address: 3003 W. DR. MARTIN LUTHER KING BLVD.
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: YODER, CATHY
Address: 3003 W DR MLK BLVD
City-St-Zip: TAMPA, FL 33607

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:

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: SHERRY DORSEY P/D 04/27/2009

Electronic Signature of Signing Officer or Director Date