

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015507

FILED
Apr 23, 2012
Secretary of State

Entity Name: HEALTHPOINT MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4902 EISENHOWER BLVD
SUITE 300
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

4902 EISENHOWER BLVD
SUITE 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

OFFICERS AND DIRECTORS:

Title: PD
Name: DORSEY, SHERRY
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

Title: VPCD
Name: MALLAH, ISAAC
Address: 3003 WEST DR. M.L.K. BLVD
City-St-Zip: TAMPA, FL 33607

Title: SVCD
Name: KIRKMAN, LEE M.D.
Address: 4902 EISENHOWER BLVD STE 300
City-St-Zip: TAMPA, FL 33634

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

Title: D
Name: HELMS, STUART M.D.
Address: 4902 EISENHOWER BLVD. STE 300
City-St-Zip: TAMPA, FL 33634

Title: D
Name: PESCE, ROBERT MD
Address: 4902 EISENHOWER BLVD. STE 300
City-St-Zip: TAMPA, FL 33634

I hereby 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 all other like empowered.

SIGNATURE: SHERRY DORSEY

PRES

04/23/2012

Electronic Signature of Signing Officer or Director

Date