

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90324 049 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0645457**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☐ Delete
NAME **SHERRY DORSEY**
STREET ADDRESS **406 REO STREET SUITE 200**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **(D)** ☐ Change ☒ Addition
NAME **Clayton, Dexter III, M.D.**
STREET ADDRESS **3000 E. Fletcher Ave., #360**
CITY-ST-ZIP **Tampa, FL 33613**

TITLE **T/D** ☐ Delete
NAME **TOMMY INZINA**
STREET ADDRESS **3003 W DR M.L.K. BLVD.**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **(D)** ☐ Change ☒ Addition
NAME **Champoux-Rhoden, Lisa M.D.**
STREET ADDRESS **110 S. Parsons Ave.**
CITY-ST-ZIP **Brendon, FL 33511**

TITLE **SD** ☐ Delete
NAME **KIRKMAN, LEE C M.D.**
STREET ADDRESS **4730 N. HABANA AVE. SUITE 203**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **(D)** ☐ Change ☒ Addition
NAME **Wallace, George**
STREET ADDRESS **3003 W. Dr. Martin Luther King Blvd.**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **D** ☒ Delete
NAME **PESCE, ROBERT M.D.**
STREET ADDRESS **2506 W VIRGINIA AVE**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DCV** ☐ Delete
NAME **MALLAH, ISAAC**
STREET ADDRESS **3003 W. DR. MARTIN LUTHER KING BLVD.**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FRANK MURPHY**
STREET ADDRESS **16331 BAY VISTA DR**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sherry Dorsey

4/15/03

Date

813 636 2000

Daytime Phone #

CR2E034 (10/02)