## FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000078355**

1. Corporation Name
**CENTERPOINT HEALTHCARE MANAGEMENT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 47 E ROBINSON STREET STE 200 ORLANDO FL 32801 US | ~~231 MARKET PLACE STE 363~~ ~~SAN RAMON CA 64583~~ |

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualifed
**09/09/1997**

| | | | |
|---|---|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 **360 CENTRAL AVE** | 26 **411 EAST JACKSON STREET** | **59-3472195** | Not Applicable |
| Suite, Apt. #, etc. 22 **15TH FLOOR** | Suite, Apt. #, etc. 27 **100** | 5. Certifcate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 **ST. Petersburg FL** | City & State 28 **ORLANDO, FLORIDA** | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip 24 **33701** Country 25 **USA** | Zip 29 **32801** Country 30 **USA** | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SMITH, GRAEME H 360 CENTRAL AVE STE 1705 ST PETERSBURG FL 33701 | 81 Name **APPLETON, MICHAEL J.** 82 Street Address (P.O. Box Number is Not Acceptable) **1031 WEST MORSE BLVD, Suite 105** 83 84 City **WINTER Park** FL 85 Zip Code **32789** |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

(NOTE: Registered Agent signature required when reinstating)     DATE

CR2E034 (11/98)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **P** NAME **DUDA, KESTUTIS A** STREET ADDRESS **231 MARKET PLACE STE 363** CITY-ST-ZIP **SAN RAMON CA 94583** | ☐ DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE **VP** NAME **KRAMER** STREET ADDRESS **47 E ROBINSON STREET, STE 200** CITY-ST-ZIP **ORLANDO FL 32801** | ☐ DELETE | 2.1 TITLE **president** 2.2 NAME 2.3 STREET ADDRESS **411 EAST JACKSON STREET** 2.4 CITY-ST-ZIP **ORLANDO, FL. 32801** | ☑ Change ☑ Addition |
| TITLE **S** NAME **DUDA, VYTENIS** STREET ADDRESS **231 MARKET PL, STE 363** CITY-ST-ZIP **SAN RAMON CA 94583** | ☑ DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE **T** NAME **HUTCHINSON, JAY** STREET ADDRESS **47 E ROBINSON STREET, STE 200** CITY-ST-ZIP **ORLANDO FL 32801** | ☐ DELETE | 4.1 TITLE **Vice president VP** 4.2 NAME 4.3 STREET ADDRESS **411 EAST JACKSON ST.** 4.4 CITY-ST-ZIP **ORLANDO, FL. 32801** | ☑ Change ☑ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition |

14. 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 annual report or supplemental annual 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 12 or Block 13 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

1-17-99   (407) 822-7969
Date   Daytime Phone #