

2001, UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90128 002 ***150.00

DOCUMENT # P97000078355

1. Entity Name

CENTERPOINT HEALTHCARE MANAGEMENT SERVICES, INC.

Principal Place of Business

**360 CENTRAL AVE
 15TH FL
 SAINT PETERSBURG FL 33701
 US**

Mailing Address

**2170 S PARKER RD
 STE 290
 DENVER CO 80231
 US**

2. Principal Place of Business

10901 Roosevelt Blvd North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 1100C, Bldg 2C

City & State

St. Petersburg Florida

Zip

33716

Country

USA

Country

4. FEI Number

59-3472195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APPLETON, MICHAEL J
 1031 WEST MORSE BLVD
 STE 105
 WINTER PARK FL 32789**

Name

Hynek, Lawrence E.

Street Address (P.O. Box Number is Not Acceptable)

16600 Gulf Blvd #535

City

North Redington Beach

FL

Zip Code

33708

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.

SIGNATURE

Lawrence E. Hynek

3/2/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

**After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HYNEK, LAWRENCE E	
STREET ADDRESS	2170 S PARKER RD STE 290	
CITY-ST-ZIP	DENVER CO 80231	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUTCHINSON, JAY	
STREET ADDRESS	411 E JACKSON ST	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHUETZNER, GARY A	
STREET ADDRESS	2170 S PARKER RD STE 290	
CITY-ST-ZIP	DENVER CO 80231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anderson, Gene	
STREET ADDRESS	10901 Roosevelt Blvd #1100C Bldg 2C	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hutchinson, Jay	
STREET ADDRESS	10901 Roosevelt Blvd #1100C, Bldg. 2C	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

Gary A. Schuetzner

2/9/01

(303) 923-9000

Date

Daytime Phone #

CR2E034 (10/00)