10/1/2002-90175-034-$150.00-$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000078355

1. Entity Name
Centerpoint Healthcare Management Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10901 Roosevelt Blvd N.	10901 Roosevelt Blvd N.
Suite, Apt. #, etc. 1100C	Suite, Apt. #, etc. 1100C
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33716 / Country USA	Zip 33716 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3472195 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Hynek, Lawrence E.
16450 Gulf Blvd., #463
City: N. 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 — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consenting) — DATE 9-27-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
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

TITLE	PD
NAME	Hynek, Lawrence E.
STREET ADDRESS	3033 S Parker Road Suite 1000
CITY-ST-ZIP	Aurora, CO 80014
TITLE	V
NAME	Hutchinson, Jay
STREET ADDRESS	10901 Roosevelt Blvd N #1100C
CITY-ST-ZIP	St. Petersburg, FL 33716
TITLE	
NAME	
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 supplement 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence E Hynek — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 9-27-02 — Daytime Phone # 303 923 9000

jl 10/22/02