

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000078355

1. Entity Name
CENTERPOINT HEALTHCARE MANAGEMENT
SERVICES, INC.



Principal Place of Business
677 N WASHINGTON BLVD
STE 129
SARASOTA, FL 34236 US

Mailing Address
14141 46TH ST NORTH
STE 1212
CLEARWATER, FL 33762 US



02062007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

HYNEK, LAWRENCE E
18700 GULF BLVD., #6
INDIAN SHORES, FL 33785

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IN THIS SPACE

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HYNEK, LAWRENCE E
STREET ADDRESS 14141 46TH ST. NORTH STE 1212
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE PD
NAME HUTCHINSON, JAY
STREET ADDRESS 14141 46TH ST NORTH STE 1212
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D
NAME SHIMER, KERRY L
STREET ADDRESS 14141 46TH ST NORTH STE 1212
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D
NAME KRAMER, CHARLES E
STREET ADDRESS 14141 46TH ST NORTH STE 1212
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D
NAME LORTSCHER, RANDALL H
STREET ADDRESS 14141 46TH ST NORTH STE 1212
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE D
NAME KOCHEAVAR, WILLIAM J
STREET ADDRESS 14141 46TH ST. NORTH STE 1212
CITY-ST-ZIP CLEARWATER, FL 33762

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03/26/07-80006-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lawrence E Hynek*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 16, 2007

Date

727-517-7502

Daytime Phone #