

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90085 016 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

DOCUMENT # P98000060007 ✓

1. Corporation Name

Healthcare Providers Mgmt Associates, Inc.

N/C 7/10/98

Principal Place of Business

Mailing Address

1911 NW 182nd Terr  
 Pembroke Pines Fl  
 33029

1911 NW 182nd Terr  
 Pembroke Pines Fl  
 33029

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1998

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0848785

Not Applicable

22 City &amp; State

27 City &amp; State

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

23 Zip

Country

28 Zip

Country

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

24 25 29 30

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:

Lee Ghezzi  
 1911 NW 182nd Terr  
 Pembroke Pines Fl  
 33029

81 Name

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

83

84 City

FL

85 Zip Code

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P.D. Lee Ghezzi ☐ DELETE  
 NAME 1911 NW 182nd Terr  
 STREET ADDRESS Pembroke Pines Fl 33029  
 CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 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

Date

Daytime Phone #

LEE GHEZZI 3/28/99 954-435-3231

CR2E034 (11/98)