

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002593

Entity Name: HEALTHPOINT MEDICAL GROUP, INC.**Current Principal Place of Business:**300 SOUTH PARK PLACE BOULEVARD
SUITE 180
CLEARWATER, FL 33759**Current Mailing Address:**300 SOUTH PARK PLACE BOULEVARD
SUITE 180
CLEARWATER, FL 33759 US**FEI Number:** 59-3244268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIZER, SCOTT A
ATTENTION: LEGAL SERVICES DEPARTMENT
2985 DREW STREET
CLEARWATER, FL 33759 US*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:** SCOTT A. KIZER

04/28/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CANTONIS, JAMES
Address 855 EAST PINE
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name KIRKMAN, LEE MD
Address 4902 EISENHOWER BOULEVARD
SUITE 300
City-State-Zip: TAMPA FL 33634

Title DIRECTOR
Name ARLINE, LAURA MD
Address 8787 BRYAN DAIRY ROAD
SUITE 275
City-State-Zip: LARGO FL 33777

Title DIRECTOR
Name CORRIGAN, KEVIN L
Address 300 SOUTH PARK PLACE
BOULEVARD
SUITE 180
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name MASON, STEPHEN
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title DIRECTOR
Name BORRECA, JOHN
Address 5405 SUNFLARE WEST
City-State-Zip: LUTZ FL 33558

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN L. CORRIGAN

DIRECTOR

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date