2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2020
Secretary of State
3756399410CC

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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:

BAYCARE HEALTH SYSTEM, INC.
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 03/23/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	FINK, ANDREW M.D.
Address	4902 EISENHOWER BOULEVARD SUITE 300
City-State-Zip:	TAMPA FL 33634

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

Title	DIRECTOR
Name	ANAND, NISHANT M.D.
Address	2985 DREW STREET
City-State-Zip:	CLEARWATER FL 33759

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

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: GLENN WATERS DIRECTOR 03/23/2020

Electronic Signature of Signing Officer/Director Detail — Date