

**2018 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:**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

03/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	ULBRICHT, WILLIAM
Address	300 SOUTH PARK PLACE BOULEVARD SUITE 180
City-State-Zip:	CLEARWATER FL 33759
Title	DIRECTOR
Name	FLAREAU, BRUCE M.D.
Address	2985 DREW STREET
City-State-Zip:	CLEARWATER FL 33759

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

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

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date