

**2017 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

04/27/2017

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

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

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date