

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000112163

Entity Name: MCG MEDICAL P.A.

FILED
Apr 24, 2006
Secretary of State**Current Principal Place of Business:**6363 VERDE TRAIL
BOCA RATON, FL 33433**New Principal Place of Business:****Current Mailing Address:**1905 CLINT MOORE ROAD
BOCA RATON, FL 33496**New Mailing Address:**7446 DUBLIN DRIVE
BOCA RATON, FL 33433

FEI Number: 65-1066936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MORRIS, RONNIE
1905 CLINT MOORE ROAD
BOCA RATON, FL 33496 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: COHEN, MEYER
Address: 7446 DUBLIN DRIVE
City-St-Zip: BOCA RATON, FL 33433Title: D () Delete
Name: MORRIS, RONNIE
Address: 1905 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33496**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEYER E. COHEN, MD

D

04/24/2006

Electronic Signature of Signing Officer or Director

Date