

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000093587

1. Entity Name
CGB MEDICAL GROUP, P.A.



Principal Place of Business
**4301 W. SUNRISE BLVD.
 PLANTATION, FL 33313**

Mailing Address
**4301 W. SUNRISE BLVD.
 PLANTATION, FL 33313**



04112006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1143064** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TULLOCH, ANDREA ESQ.
 915 MIDDLE RIVER DRIVE, SUITE 302
 FORT LAUDERDALE, FL 33304**

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRANT, CAROL M.D.
STREET ADDRESS	4301 W. SUNRISE BLVD.
CITY-ST-ZIP	PLANTATION, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *F. E. Brannaman* **F. E. Brannaman** **4/13/06** **954 792 8220**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #