

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

06-16-2000 90111 049 \*\*\*150.00

DOCUMENT # **99000015650** **(A)**

1. Entity Name  
**PMG Medical, Inc**

Principal Place of Business Mailing Address  
**1515 BROADWAY Ave**  
**Lehigh Acres, FL 33972**

2. Principal Place of Business 3. Mailing Address  
**1515 Broadway Ave**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Lehigh Acres, FL**

Zip Country Zip Country  
**33972 Lee**

4. FEI Number Applied For  
**65-0895701** Not Applicable

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

**C0100952**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARKVIN Reich, MD</b> <input type="checkbox"/> Delete <b>1979 Hillsboro Blvd. Resident</b> <b>Deerfield Beach, FL 33442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gez Agalli, V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>19308 Pine Glen Dr.</b> <b>Ft. Myers, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

9. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gez Agalli, V.P. / Treasurer** Date: **(941) 823-3260**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/98)