

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90377 045 ***150.00

DOCUMENT # *P99000015650*

1. Entity Name *P.M.G. Medial, Inc.* ✓

Principal Place of Business Mailing Address

2. Principal Place of Business *19308 Pine Glen Dr* 3. Mailing Address

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

City & State *Ft. Myers FL* City & State

Zip *33912* Country *Lee* Zip Country

00056057

DO NOT WRITE IN THIS SPACE

4. FEI Number *65-089 5761* Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

Gez Agolli
19308 Pine Glen Dr.
Ft. Myers, FL 33912

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 *Gez Agolli* DATE *4/30/01*

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, 2001 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 <i>President</i>	NAME <i>Marvin Reich, M.D.</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>6071 NW 43RD Terr</i>	CITY-ST-ZIP <i>Dade Raton, FL 33496</i>	NAME	
TITLE <i>Director</i>	NAME <i>Gez Agolli</i> <input type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS <i>19308 Pine Glen Dr.</i>	CITY-ST-ZIP <i>Ft. Myers, FL 33912</i>	CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

13. 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.

CR2E034 (11/00)