

2000 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
May 02, 2000 8:00 am
Secretary of State

03-17-2000 90012 047 ***150.00

DOCUMENT # P99000058855

1. Entity Name

SENTINEL MEDICAL GROUP, INC.

Principal Place of Business

Mailing Address

**144 STATE ROAD 434 WEST
 WINTER SPRINGS FL 32708**

**144 STATE ROAD 434 WEST
 WINTER SPRINGS FL 32706-2551**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3583633

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLANNERY, DONALD J
 144 STATE ROAD 434 WEST
 WINTER SPRINGS FL 32708**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

B. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
	D P FLANNERY, DONALD J 597 RIVERWOODS TRAIL CHULUOTA FL 32766		
	D FLANNERY, LAURA J 597 RIVERWOODS TRAIL CHULUOTA FL 32766		
	D V FLANNERY, KEITH J 7908 LAKE DAWN DRIVE CHULUOTA FL 32792		
	C D	C D Schlaid, EDWARD M 710 YORKTOWN DR HARRISBURG, FL 34748	

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 another like empowered.

SIGNATURE: Donald J. Flannery, Pres **3.14.00** **407.603.3131**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #