

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000074224

**FILED**  
**Feb 18, 2015**  
**Secretary of State**  
**CC6730580698**

**Entity Name:** MCC HEALTH GROUP, INC.

**Current Principal Place of Business:**

8039 E. DR. MLK JR. BLVD.  
TAMPA, FL 33619

**Current Mailing Address:**

8039 E. DR. MLK JR. BLVD.  
TAMPA, FL 33619 US

**FEI Number: 01-0903378**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BRAUN, MITCHELL VVP  
8039 E. DR. MLK JR. BLVD.  
TAMPA, FL 33619 US

*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

**Officer/Director Detail :**

Title           VP  
Name           BRAUN, MITCHELL V  
Address        8039 E. DR. MLK JR. BLVD.  
City-State-Zip: TAMPA FL 33619

Title           VP  
Name           TOWNSEND, DWAYANE E  
Address        8039 E. DR. MLK JR. BLVD.  
City-State-Zip: TAMPA FL 33619

Title           P  
Name           DUKE, LOYD A  
Address        8039 E. DR. MLK JR. BLVD.  
City-State-Zip: TAMPA FL 33619

*I hereby 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 all other like empowered.*

**SIGNATURE: MITCHELL BRAUN**

**VP**

**02/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date