

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09000087043

Entity Name: MDLIVE MEDICAL GROUP, P.A.

Current Principal Place of Business:

13630 NW 8TH STREET
SUITE 205
SUNRISE, FL 33325

Current Mailing Address:

13630 NW 8TH STREET
SUITE 205
SUNRISE, FL 33325 US

FEI Number: 27-0982413

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
115 NORTH CALHOUN ST., STE 4
TALLAHASSEE, FL 32301 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 PRESIDENT, DIRECTOR
Name GURLAND, STEVE V.
Address 13630 NW 8TH STREET
 SUITE 205
City-State-Zip: SUNRISE FL 33325

Title SECRETARY
Name KAPP, DANIEL MD
Address 13630 NW 8TH STREET
 SUITE 205
City-State-Zip: SUNRISE FL 33325

Title DIRECTOR
Name TALBOTT, DAVID DR.
Address 13630 NW 8TH STREET
 SUITE 205
City-State-Zip: SUNRISE FL 33325

Title DIRECTOR
Name BREWER, T.F. DR.
Address 13630 NW 8TH STREET
 SUITE 205
City-State-Zip: SUNRISE FL 33325

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: DANIEL KAPP, MD

SECRETARY

12/06/2016

Electronic Signature of Signing Officer/Director Detail

Date