


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90108 048 \*\*\*150.00

<b>DOCUMENT # F05000006389</b> 1. Entity Name U.S. MEDGROUP, P.A.					
Principal Place of Business 5080 SPECTRUM DRIVE, SUITE 1200 WEST TOWER ADDISON, TX 75001			Mailing Address 5080 SPECTRUM DRIVE, SUITE 1200 WEST TOWER ADDISON, TX 75001		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>77 So. Bedford St. #200</i> Suite, Apt. #, etc. <i>Attn: Corp Tax Dept</i>			
City & State Zip		City & State <i>Burlington MA</i> Zip <i>01803</i>		4. FEI Number 75-2612924	
Country		Country <i>Middlesex</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FOGARTY, W. TOM M.D. 5080 SPECTRUM DRIVE, SUITE 1200 WEST ADDISON, TX 75001	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DEREBERY, V.JANE M.D. 10200 BROADWAY, SUITE 201 SAN ANTONIO, TX 78217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LEWIS, BILL M.D. 320 EAST MCDOWELL ROAD, SUITE 105 PHOENIX, AZ 85004	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>W. Tom Fogarty</i>		<i>W. Tom Fogarty, MD</i>		781-290-5350	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	