FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2002 8:00 am Secretary of State

	MAILOKIAI BOZINE	_ 04-09-2002 90739 034 ***150.00						
DOCU 1. Entity Nar	MENT # K51661							
i '	EDICAL GROUP, INC							
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	DO NOT WRITE	,IN THIS S	SPAC	`E		B006.	2067	
2. Principal f	নার্ক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তিরিক্তি Place of Business	3. Mailing Address						
1292 HAMMOND STREET Suite. Apr. #. etc		1292 HAMMOND STREET Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE			
<u>.</u>		,		•	DO NOT WE	THE IN THIS SE	PACE	
– City & Stat BANGOR,		City & State BANGOR, ME	0440	₹	4. FEI Number 65147945		Applied For Not Applicable	
Zip 04401	Country USA	^{Zip} 04401	Cour	ntry SA	5. Certificate of Status Desired		8.75 Additional	
		Sudaja dipolitor Pa			7. Name and Address of Currer			
	DO NOT WI	PITE :		Name HARRI	S, MICHAEL D.			
			1 2 61 4	Street Address (i 1645	P.O. Box Number is Not Acceptab PALM BEACH LAKES	BLVD.	SUITE 550	
4 7 7	IN THIS SP.	NUE :						
				City WEST	PALM BEACH, FL 3	340 FL	Zip Code 33401	
8. The above	named entity submits this statement for	the purpose of changing i	its register					
SIGNATURE.							ļ	
· ·	Signature, typed or printed name of registered agent as			d Agent signature required	when reinstaling)	DATE		
	oration is eligible to satisfy its Intangible equirement and elects to do so.	After Ma	y 1, Fee i	e is:\$150.00 ** s:\$550.00 ** *	10. Election Campaign Fi	nancing	\$5.00 May Be	
	ia on back) .	Make Check Paya	ed UBR i able to De	s \$61.25 Ppartment of Stat	Trust Fund Contribution	on. 🔲	Added to Fees	
11.	OFFICERS AND D	IRECTORS	ilioter, Contra		en santantantana (1864) Tanan manakan manakan manakan manakan menangan menangan menangan menangan menangan menangan menangan menangan	TORRESTA A		
NAME	LEWIS, DON			MAME				
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тис	D .		\$ nju	Complete Section			3	
NAME STREET ADDRESS	WRIGHT, KAREN L. 1292 HAMMOND ST BA	NGOR ME 0440	NAME STREET	ET ADORESS				
CHY-SI-ZIP	1292 HAFMUND 51 DA	NGOR ME 0440)T	ST ZIF				
TITLE NAME	D CITERODO LITERAM I		HTLL NAME	34,000,589,186,0389				
STREET ADDRESS	T 1797 HAMMOND ST RANGOR? MRS 0440		SERVE SERVE	TADORESS AT 1	DO NOT	NA/DIT		
CITY-ST-ZIP TITLE	D		guily-	ST-20P-25	CONTROL OF SEC. OF AN A STREET COMME	Control Person Street	80 1.4 M.S. 1931 (17. 4.5)	
NAME:	DUDRICK, STANLEY				IN THIS	SPAC		
STREET ADDRESS CITY-ST-ZIP	1292 HAMMOND ST BAN	GOR, ME 0440	11.38%	TADORESS STEEP 1997				
TITLE	D		ÇMÎLE.	CHOCK Sale of Particular Art.				
NAME STREET ADDRESS		NEW ROCHELLE,	NAME	TABURES W.S.		6 7 A G		
CITY-ST-ZIP	48 OLD ORCHARD RD,	NY 10804	SCIIY.	194 - 1 - 104 - 1 Trans (172) NB				
TITLE .	D		TITLE		The second of th			
STREET ADDRESS	BARRETT, ROBERT III 1292 HAMMOND ST BAN		STREE	TADORESS				
CHY-ST-ZIP			11.55		110.07(2)		SACTION OF THE	
indicated c	ertify that the information supplied with the on this report or supplemental report is truoration or the reclaiver or trustee sympowit with an address with all other life empe	is illing cloes not quality force and that . Wered to execute this verice.	и тае exem my signati ort as reau	iption stated in Sec are shall have the sa ired by Chanter 60'	uon 179.07(3)(i), Florida Statutes. imo legal effect as if made under i 7. Florida Statutes: and that my de	Hurther certify path: that ham me appears in	that the information an officer or director Block 11 or on an	
attachmen	t with an address with all other like emoc	owered.			und diatologic and thou my no	σ αργασια III	CONSTRUCTION OF THE	
	.ne ////////////////////////////////////	NANGO	X	•			ļ	

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attach ment Bio 62067

Date

Daytime Priorie •

DØCU Entity Nar	IMENT # R51661		BÓO 62067	
	DO NOT WRITE	IN THIS S	SPACE	
Principal Place of Business 3. Mailing Address				
Suite. Apt. #. etc. Suite. Apt.		Suite, Apt. #. etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
Vi e z	Bon on the stage of the stage of the	- Phylogenesis and Carlotte		Fee Required 7. Name and Address of Current Registered Agent
· e	DO NOT W	/DITE	Nam	
	IN THIS SP		Stree	et Address (P.O. Box Number is Not Acceptable)
	HA THIO OF			
· ,			City	FL Zip Code ce or registered agent, or both, in the State of Florida.
Tax filing r	ration is eligible to satisfy its Intangible requirement and elects to do so, ria on back) OFFICERS AND D MAZZOLA, DONATO	After Ma - Amend Make Check Pay	May 1 Fee is \$550 ed UBR is \$61.: able to Departm	0.00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
STREET ADDRESS CITY+ST+ZIP	1292 HAMMOND ST BAN	NGOR, ME 0440	STREET ADDRES CHTY-ST-ZIP	[35]
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P NYER, SAMUEL 1292 HAMMOND ST, BA	ANGOR, ME 0440	TITLE NAME STREET ADDRET CITY-SI-ZIP	355
TITLE NAME STREET ADDRESS : CITY+ST-ZIP	D PRINCE, RANDY 1292 HAMMOND ST BA	NGOR, ME 0440	TITLE NAME STREET ANORES COTY-ST-UP	DO NOT WRITE
NAME STREET ADDRESS	D SCHWEIGER, JIM 1292 HAMMOND ST, BA	NGOR ME 0440	TITLE. NAME STREET ADORES CITY-ST-ZIP	IN THIS SPACE
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TILE			THTLE NAME	