FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L46910** **(0)**

1. Corporation Name
PREMIER MEDICAL GROUP, P.A.

Principal Place of Business	Mailing Address
2828 S. SEACREST #103 BOYNTON BEACH FL 33435	2828 S. SEACREST #103 BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/1990
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 1919 S. Federal	26 1919 S. Federal
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Boynton Bch FL	28 City & State: Boynton Bch FL
24 Zip: 33435 25 Country: P.B.	29 Zip: 33435 30 Country: P.B

4. FEI Number: 65-0177538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BREGMAN, RICHARD M 2828 S SEACREST BLVD BOYNTON BEACH FL 33435	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	BREGMAN, RICHARD M	12 NAME	
STREET ADDRESS	2828 S SEACREST BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	BREGMAN, ROBERT A	22 NAME	
STREET ADDRESS	2828 S SEACREST BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	FORLAW, J RUSSELL	32 NAME	
STREET ADDRESS	2828 S SEACREST BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	GLOVER, PATRICIA	42 NAME	
STREET ADDRESS	115 S.E. 4TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	KHAN, ZAKIR	52 NAME	
STREET ADDRESS	205 N.E. 8TH STREET #208	53 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP	
TITLE	TD	61 TITLE	☐ Change ☐ Addition
NAME	LEE KENNETH	62 NAME	
STREET ADDRESS	1325 S. CONGRESS AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth Lee, M.D. 4/22/95 401 369-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0263811 CP