

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # L46910

(0)

1. Corporation Name

PREMIER MEDICAL GROUP, P.A.

Principal Place of Business

1919 S FEDERAL  
BOYNTON BEACH FL 33435  
US

Mailing Address

1919 S FEDERAL  
BOYNTON BEACH FL 33435  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/29/1990

3a. Date of Last Report

04/27/1995

4. FLT 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

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
BREGMAN, RICHARD M  
STREET ADDRESS  
2828 S SEACREST BLVD  
CITY-ST-ZIP  
BOYNTON BEACH FL

TITLE ☐ DELETE

NAME  
BREGMAN, ROBERT A  
STREET ADDRESS  
2828 S SEACREST BLVD  
CITY-ST-ZIP  
BOYNTON BEACH FL

TITLE ☐ DELETE

NAME  
SD  
STREET ADDRESS  
2828 S SEACREST BLVD  
CITY-ST-ZIP  
BOYNTON BEACH FL

TITLE ☐ DELETE

NAME  
GLOVER, PATRICIA  
STREET ADDRESS  
115 S.E. 4TH STREET  
CITY-ST-ZIP  
BOYNTON BEACH

TITLE ☐ DELETE

NAME  
KHAN, ZAKIR  
STREET ADDRESS  
205 N.E. 8TH STREET #208  
CITY-ST-ZIP  
DELRAY BEACH FL

TITLE ☐ DELETE

NAME  
LEE KENNETH  
STREET ADDRESS  
1325 S. CONGRESS AVENUE  
CITY-ST-ZIP  
DELRAY BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/29/96

X 407 369 8400

Daytime Phone #

CR2E034 (12/95)