


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33435-6904  
US**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <b>01/29/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0177538</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>BREGMAN, RICHARD M 2828 S SEACREST BLVD BOYNTON BEACH FL 33435</b>	
81 Name	<b>Gregory S. Weatherford</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2609 Woolbright Rd., #1</b>
83	
84 City	<b>Boynton Beach</b>
85 Zip Code	<b>FL 33436</b>

10. Name and Address of New Registered Agent	

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 *Gregory S. Weatherford* **Gregory S. Weatherford** DATE **3/24/97**  
Signature, typed or printed name of registered agent and board applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BREGMAN, RICHARD M</b>
STREET ADDRESS	<b>2828 S SEACREST BLVD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BREGMAN, ROBERT A</b>
STREET ADDRESS	<b>2828 S SEACREST BLVD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FORLAW, J RUSSELL</b>
STREET ADDRESS	<b>2828 S SEACREST BLVD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GLOVER, PATRICIA</b>
STREET ADDRESS	<b>115 S.E. 4TH STREET</b>
CITY-ST-ZIP	<b>BOYNTON BEACH</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>KHAN, ZAKIR</b>
STREET ADDRESS	<b>205 N.E. 8TH STREET #208</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LEE KENNETH</b>
STREET ADDRESS	<b>1325 S. CONGRESS AVENUE</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Gregory S. Weatherford</b>
1.3 STREET ADDRESS	<b>2609 S. W. 15th Avenue</b>
1.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33436</b>
2.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Nelson Lopez</b>
2.3 STREET ADDRESS	<b>2609 Woolbright Road</b>
2.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33436</b>
3.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Benedicto San Pedro</b>
3.3 STREET ADDRESS	<b>2925 10th Avenue, N. #104</b>
3.4 CITY-ST-ZIP	<b>Lake Worth, FL 33461</b>
4.1 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Enrique Lopez-Moscoco</b>
4.3 STREET ADDRESS	<b>1300 Park of Commerce Blvd.</b>
4.4 CITY-ST-ZIP	<b>Delray Beach, FL 33445</b>
5.1 TITLE	<b>T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Gregory S. Weatherford* **Gregory S. Weatherford** President DATE **3/24/97** (561) 734-8400  
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)