2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001349

FILED Jan 04, 2006 Secretary of State

Entity Name: FLORIDA MEDICAL PROFESSIONALS GROUP, INC.

Current Principal Place of Business: New Principal Place of Business: 1931 W. MLK, SUITE D 1503 ATAMI COURT TAMPA, FL 33607 WESLEY CHAPEL, FL 33543 **Current Mailing Address: New Mailing Address:** 1931 W. MLK, SUITE D 1503 ATAMI COURT TAMPA, FL 33607 WESLEY CHAPEL, FL 33543 FEI Number: 65-0332117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HALPERIN, MATTHEW DC ANTONEK, ROBERT L 1931 W. MLK, SUITE D 1503 ATAMI COURT TAMPA, FL 33607 WESLEY CHAPEL, FL 33543 US 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. SIGNATURE: ROBERT L ANTONEK 01/04/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HALPRIN, MATTHEW Name: Name: 1931 W. MLK, SUITE D Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: VΡ () Change (X) Addition Name: Name: FINE, DAVID Address: Address: 2727 WEST FLETCHER AVE City-St-Zip: City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: TREA () Change (X) Addition ANTONEK, THOMAS C Name: Name: 2727 WEST FLETCHER AVE Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: SEC () Change (X) Addition Name: Name: ANTONEK, ROBERT L Address: Address: 1503 ATAMI COURT City-St-Zip: City-St-Zip: WESLEY CHAPEL, FL 33543

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L ANTONEK SEC 01/04/2006