

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001349

FILED
Mar 19, 2007
Secretary of State

Entity Name: FLORIDA MEDICAL PROFESSIONALS GROUP, INC.

Current Principal Place of Business:

2816 WINDGUARD CIRCLE
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

1503 ATAMI COURT
WESLEY CHAPEL, FL 33543

New Mailing Address:

2816 WINDGUARD CIRCLE
WESLEY CHAPEL, FL 33543

FEI Number: 65-0332117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MOMENTO GROUP LLC
1503 ATAMI COURT
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MEMB () Delete
Name: HALPRIN, MATTHEW
Address: 1931 W. MLK, SUITE D
City-St-Zip: TAMPA, FL 33607

Title: MEMB () Delete
Name: FINE, DAVID
Address: 2042 GREGORY DRIVE
City-St-Zip: TAMPA, FL 33613

Title: PRES () Delete
Name: ANTONEK, THOMAS C
Address: 2138 ARROWGRASS DRIVE
City-St-Zip: TAMPA, FL 33543

Title: MEMB () Delete
Name: GOSS, HEDI
Address: 8424 WEST DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MEMB () Delete
Name: BENSON, ANDRE
Address: 9540 ORANGE VALLEY CT.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: GOSS, HEDI
Address: 8424 WEST DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS C. ANTONEK

PRES

03/19/2007

Electronic Signature of Signing Officer or Director

Date