

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001349

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: FLORIDA MEDICAL PROFESSIONALS GROUP, INC.

## Current Principal Place of Business:

5331 COMMERCIAL WAY  
SUITE 104  
SPRING HILL, FL 34607

## New Principal Place of Business:

## Current Mailing Address:

5331 COMMERCIAL WAY  
SUITE 104  
SPRING HILL, FL 34607

## New Mailing Address:

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  
13433 HAVERHILL DRIVE  
SPRING HILL, FL 34609      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: 7909 GRASMERE DRIVE  
City-St-Zip: LAND O LAKES, FL 34637

Title: TRES ( ) 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

Title: MEMB ( ) Delete  
Name: KANTZLER, MARK D.O.  
Address: 8486 SEMINOLE BLVD  
City-St-Zip: SEMINOLE, FL 33772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ANTONEK, THOMAS C PH. D.  
Address: 7909 GRASMERE DRIVE  
City-St-Zip: LAND O LAKES, FL 34637

Title: TRES (X) Change ( ) Addition  
Name: GOSS, HEIDI DVM  
Address: 5740 WESLEY BROOK DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33545

Title: SEC (X) Change ( ) Addition  
Name: TADOM, TAMMY MD  
Address: 2513 AILEEN STREET  
City-St-Zip: TAMPA, FL 33607

Title: IDAA (X) Change ( ) Addition  
Name: SYFERT, MARYBETH  
Address: 2616 NW 25TH PLACE  
City-St-Zip: GAINESVILLE, FL 32605

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date