

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001349

FILED  
Mar 30, 2010  
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:

5331 COMMERCIAL WAY  
SUITE 104  
SPRING HILL, FL 34606

## Current Mailing Address:

5331 COMMERCIAL WAY  
SUITE 104  
SPRING HILL, FL 34607

## New Mailing Address:

5331 COMMERCIAL WAY  
SUITE 104  
SPRING HILL, FL 34606

FEI Number: 65-0332117

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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 MOMENTO GROUP LLC  
1503 ATAMI COURT  
WESLEY CHAPEL, FL 33544 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:

03/30/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

Title: SEC  
Name: TADOM, TAMMY MD  
Address: 2513 AILEEN STREET  
City-St-Zip: TAMPA, FL 33607

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

Title: MEMB  
Name: EUSTACE, JOHN MD  
Address: 9000 SW 87TH COURT, #103  
City-St-Zip: MIAMI, FL 33176

Title: MEMB  
Name: SEIKEL, STACY MD  
Address: 1118 S ORANGE AVE, SUITE 202  
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: THOMAS C. ANTONEK

PRES

03/30/2010

Electronic Signature of Signing Officer or Director

Date