

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90065 023 ***150.00

DOCUMENT # P000000032180**1. Entity Name**

Medical Business Group, Inc. ✓

Principal Place of Business**Mailing Address****2. Principal Place of Business**4000 N Federal Hwy
Suite, Apt. #, etc.
207**3. Mailing Address**4000 N Federal Hwy
Suite, Apt. #, etc.
207**City & State**

Boca Raton FL

City & State

Boca Raton, FL

4. FEI Number

65-0971649

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

33431

Country

USA

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****Name**

Daryl P. Johnson

Street Address (P.O. Box Number is Not Acceptable)

4000 N Federal Hwy

Suite 207

City

Boca Raton

FL**Zip Code**

33431

8. 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**

Signature, typed or printed name of registered agent and title if applicable.

Daryl P. Johnson President

(NOTE: Registered Agent signature required when reinstating)

4/12/01

DATE**9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** President / Director ☐ Delete
NAME Daryl P. Johnson
STREET ADDRESS 4000 N Federal Hwy - suite 207
CITY - ST - ZIP Boca Raton, FL 33431**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** Senior vice President / Director ☐ Change ☒ Addition
NAME Todd J. Mello
STREET ADDRESS 4000 N Federal Hwy - suite 207
CITY - ST - ZIP Boca Raton, FL 33431**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Delete
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CITY - ST - ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP**13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl Johnson

4/12/01

Date

561-391-1988

Daytime Phone #

CR2E034 (11/00)