2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112163

Entity Name: MCG MEDICAL P.A.

FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6001 BROKEN SOUND PARKWAY BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

1905 CLINT MOORE ROAD
BOCA RATON, FL 33496
6039 COLLINS AVENUE
1429
MIAMI BEACH, FL 33140

FEI Number: 65-1066936 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, RONNIE
1905 CLINT MOORE ROAD
BOCA RATON, FL 33496 US

MORRIS, RONNIE
6039 COLLINS AVENUE
1429
MIAMI BEACH, FL 33140 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.

City-St-Zip:

SIGNATURE: RONNIE MORRIS 04/10/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 COHEN, MEYER
 Name:
 MORRIS, RONNIE

 Address:
 7446 DUBLIN DRIVE
 Address:
 6039 COLLINS AVENUE #1429

7446 DUBLIN DRIVE Address: 6039 COLLINS AVENUE #1429 BOCA RATON, FL 33433 City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete Title: D (X) Change () Addition Name: MORRIS, RONNIE Name: COHEN, MEYER

 Name:
 MORRIS, RONNIE
 Name:
 COHEN, MEYER

 Address:
 1905 CLINT MOORE ROAD
 Address:
 7446 DUBLIN DRIVE

 City-St-Zip:
 BOCA RATON, FL 33496
 City-St-Zip:
 BOCA RATON, FL 33433

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONNIE MORRIS D 04/10/2008