

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000051535

1. Entity Name
MEDICAL ACCOUNTS GROUP, INC.



Principal Place of Business
**P.O. BOX 510983
PUNTA GORDA, FL 33951-0983**

Mailing Address
**P.O. BOX 510983
PUNTA GORDA, FL 33951-0983**



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3654637

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUNN, RANDALL F
329 E OLYMPIA AVE
PUNTA GORDA, FL 33950**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000100275
04/01/04 09001-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIGHI, ALBERTO M
STREET ADDRESS	P.O. BOX 510983
CITY - ST - ZIP	PUNTA GORDA, FL 339510983
TITLE	D
NAME	ROCAL, MARGOTO H
STREET ADDRESS	P.O. BOX 510983
CITY - ST - ZIP	PUNTA GORDA, FL 339510983
TITLE	D
NAME	HARFST, MARY C
STREET ADDRESS	2421 SHREVE ST
CITY - ST - ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	DUNN, RANDALL F
STREET ADDRESS	329 E OLYMPIA AVE
CITY - ST - ZIP	PUNTA GORDA, FL 33950
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Randall F. Dunn **RANDALL F. DUNN**

3/30/04 (941) 639-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #