

FILED

Jul 11, 2003 8:00 am
Secretary of State

06-30-2003 90067 048 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000062918

1. Entity Name

MEDI-GROUP HEALTH CENTER, INC.

Principal Place of Business
11880 SW 40 ST
SUITE 119
MIAMI, FL 33175Mailing Address
11880 SW 40 ST
SUITE 119
MIAMI, FL 33175

55050999

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

020611716

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEPENA, FRANK
11880 SW 40 ST
SUITE 119
MIAMI, FL 33175

Name

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

City

FL

Zip Code

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DEPENA, FRANK
STREET ADDRESS 11880 SW 40 ST
CITY-ST-ZIP MIAMI, FL 33175 ☐ DeleteTITLE V
NAME GARCIA, VICTOR
STREET ADDRESS 1036 NW 1 AVE
CITY-ST-ZIP HOMESTEAD FL 33033 ☐ DeleteTITLE V
NAME BRETON, CRISTIAN
STREET ADDRESS 7400 N KENDALL DR.
CITY-ST-ZIP MIAMI FL 33156 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. 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 10 or Block 11 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

2/11/03

Date

305.223.9339

Daytime Phone

CR2E034 (10/02)

FEI 020611716