

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073093

Entity Name: B.M.R. MEDICAL GROUP, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

672 NORTH SEMORAN BOULEVARD
SUITE 201
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

672 NORTH SEMORAN BOULEVARD
SUITE 201
ORLANDO, FL 32807

New Mailing Address:

6099 LAKE MELROSE DR
ORLANDO, FL 32829

FEI Number: 27-0062475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGOS, JUAN C
672 NORTH SEMORAN BOULEVARD
SUITE 201
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

BURGOS, JUAN C
6099 LAKE MELROSE DR
SUITE 201
ORLANDO, FL 32829 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: JUAN C. BURGOS

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D P () Delete
Name: BURGOS, JUAN C
Address: 672 NORTH SEMORAN BOULEVARD SUITE 201
City-St-Zip: ORLANDO, FL 32807

Title: D T () Delete
Name: MERCADO, ANGEL M
Address: 672 NORTH SEMORAN BOULEVARD SUITE 201
City-St-Zip: ORLANDO, FL 32807

Title: S () Delete
Name: MERCADO, ANGEL M
Address: 672 NORTH SEMORAN BOULEVARD SUITE 201
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUAN C. BURGOS

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04/23/2009

Electronic Signature of Signing Officer or Director

Date