

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040176

Entity Name: CORE MEDICAL GROUP, INC.

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

1016 CLEMMONS STREET
SUITE 302
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

1016 CLEMMONS STREET
SUITE 302
JUPITER, FL 33477

New Mailing Address:

FEI Number: 20-1449332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHMOND, BARNEY A
1016 CLEMMONS STREET
SUITE 302
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: RICHMOND, BARNEY J
Address: 1016 CLEMMONS ST. SUITE 302
City-St-Zip: JUPITER, FL 33477

Title: TD () Delete
Name: TURNER, RICHARD C
Address: 4200 OAK STREET
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D (X) Delete
Name: ANDERSON, TRACY S
Address: 125 CRESTWICKE TRACE
City-St-Zip: ATLANTA, GA 30319

Title: D (X) Delete
Name: LUSBY, TIM B
Address: 1016 CLEMMONS ST. SUITE 302
City-St-Zip: JUPITER, FL 33477

Title: D (X) Delete
Name: JENKINS, TIM
Address: 1016 CLEMMONS ST. SUITE 302
City-St-Zip: JUPITER, FL 33477

Title: D (X) Delete
Name: SCHULTZ, KARL D MD
Address: 1016 CLEMMONS ST. SUITE 302
City-St-Zip: JUPITER, FL 33477

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:

Title: () Change () Addition
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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: RICHARD C TURNER

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02/12/2008

Electronic Signature of Signing Officer or Director

Date