

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000096903

**FILED**  
**Jan 11, 2005**  
**Secretary of State**

**Entity Name:** MEDICAL PROPERTY GROUP, INC.

**Current Principal Place of Business:**

6531 PARK OF COMMERCE BLVD SUITE 150  
BOCA RATON, FL 334878297

**New Principal Place of Business:**

6531 PARK OF COMMERCE BLVD  
150  
BOCA RATON, FL 334878297 US

**Current Mailing Address:**

6531 PARK OF COMMERCE BLVD SUITE 150  
BOCA RATON, FL 334878297

**New Mailing Address:**

6531 PARK OF COMMERCE BLVD  
150  
BOCA RATON, FL 334878297 US

**FEI Number:** 20-1365386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAN & WOLF LLP  
4300 N UNIVERSITY DR SUITE C-203  
SUNRISE, FL 33351 US

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

MAGUIRE, MICHAEL D  
23 ROYAL PALM  
15  
BOCA RATON, FL 33432 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: MICHAEL MAGUIRE

01/11/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MGRM ( ) Change (X) Addition  
Name: MAGUIRE, MICHAEL D  
Address: 23 ROYAL PALM # 15  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Change (X) Addition  
Name: CHIRINSKY, ERIC L  
Address: 5598 NE 7TH AVE  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL MAGUIRE

MGRM

01/11/2005

Electronic Signature of Signing Officer or Director

Date