

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144738

Entity Name: M R MEDICAL GROUP, INC.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

344 LIAM AVE.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

344 LIAM AVE.
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 20-1796083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, JULIE
344 LIAM AVE.
TARPON SPRINGS, FL 34689 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: D () Delete
Name: MUELLER, JULIE R
Address: 344 LIAM AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D () Delete
Name: ROYS, MARY J
Address: 1194 LINKSIDE CT.
City-St-Zip: ATLANTIC BEACH, FL 32233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MUELLER, JULIE R
Address: 344 LIAM AVE.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D/VP (X) Change () Addition
Name: ROYS, MARY J
Address: 1194 LINKSIDE CT.
City-St-Zip: ATLANTIC BEACH, FL 32233

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: JULIE MUELLER

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date