

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000144738

Entity Name: M R MEDICAL GROUP, INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1016 OHIO AVENUE  
PALM HARBOR, FL 34683

## **New Principal Place of Business:**

1810 SOUTH PINELLAS AVENUE  
F  
TARPON SPRINGS, FL 34689

## **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

## **OFFICERS AND DIRECTORS:**

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

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

Title: COO  
Name: MUELLER, KYLE C  
Address: 344 LIAM AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

I hereby 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 all other like empowered.

SIGNATURE: JULIE MUELLER

DP

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date