

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137314

FILED
May 07, 2006
Secretary of State

Entity Name: MEDICAL CONCEPTS GROUP, P.A.

Current Principal Place of Business:

1500 N. DIXIE HIGHWAY
SUITE 206
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1411 N FLAGLER DRIVE
SUITE 9000
WEST PALM BEACH, FL 33401

Current Mailing Address:

1500 N. DIXIE HIGHWAY
SUITE 206
WEST PALM BEACH, FL 33401

New Mailing Address:

1411 N FLAGLER DRIVE
SUITE 9000
WEST PALM BEACH, FL 33401

FEI Number: 20-3603153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARBONE, JENNIFER
1500 N. DIXIE HIGHWAY
SUITE 206
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

DADURIAN, DANIELA
1411 N FLAGLER DRIVE
SUITE 9000
WEST PALM BEACH, FL 33401 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: DANIELA DADURIAN

05/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: DADURIAN, DANIELA
Address: 1500 N. DIXIE HIGHWAY, SUITE 206
City-St-Zip: WEST PALM BEACH, FL 33401 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: DADURIAN, DANIELA
Address: 1411 N FLAGLER DRIVE SUITE 9000
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIELA DADURIAN

DR

05/07/2006

Electronic Signature of Signing Officer or Director

Date