

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137314

FILED  
May 25, 2007  
Secretary of State

Entity Name: MEDICAL CONCEPTS GROUP, P.A.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 20-3603153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

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: 1411 N FLAGLER DRIVE SUITE 9000  
City-St-Zip: WEST PALM BEACH, FL 33401 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DANIELA DADURIAN

DR

05/25/2007

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

\_\_\_\_\_  
Date