2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am

DOCUMENT # P07000033216 1. Entity Name WILTZ MEDICAL GROUP, INC.								1ry 01 St 90176 012 ***150	
Principal Plac 10562 SW 8 MIAMI, FL 33	TH STREET		Mailing Address 10562 SW 8TH STREET MIAMI, FL 33174			4	1 april 1881; april 2811; 8911	I BEIER IITAR IIWA IIERK WALA FI	1 11 1 (1 181 1 ×
2. Principal P	Place of Busin	ess - No P.O. Box#	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04222008	Chg-P	CR2E034 (12/06)	
City & State			City & State		<u> </u>	4. FEI Numb	er		plied For t Applicable
Zip		Country	Zip	Cour	ntry		of Status Desired	S8.75 Add	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
WILTZ, OT 10562 SW MIAMI, FL	8TH STR	EET			Street Address (P.O. Box Number is Not Acceptable)				
			$/\!\!\!/_{\!\! \perp}$		City			FL Zip Code	9
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or goden name to registased expert and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing									
10.	PVPT	• OFFICERS AND		11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS	WILTZ, O	THON H / 8TH STREET	☐ Delete TITLE NAME STREET ADDR		IE .	•		☐ Change	Addition
CITY-ST-ZIP	MIAMI, FL S	<u> 33174</u>	Delete	-	- ST-ZIP			П съ	D tadw
NAME	WILTZ, O		NAM					☐ Change	☐ Addition
STREET ADDRESS C/TY-ST-ZIP	MIAMI, FL	/ 8TH STREET _ 33174			EET ADDRESS '- ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP				STR	EET ADDRESS '-ST-ZIP				
TITLE NAME			☐ Delete	TITL	_			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	<u></u>				eet address '-\$t-zip				
TITLE NAME			☐ Delete	TITL:				☐ Change	☐ Addition
STREET ADDRESS CITY+ST-ZIP				STRE	EET ADDRESS '-ST-ZIP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that riny 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 for the people as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all the provided.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Prone #									