

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 040 ***150.00

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DOCUMENT # P93000051019 1. Entity Name PREMIER MEDICAL GROUP					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7200 West Camino Real Suite # 300			
City & State		City & State Boca Raton FL		4. FEI Number 65-0423029	
Zip 33433	Country Palm Beach	5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent Name Brad Goldstein Street Address (P.O. Box Number is Not Acceptable) 7200 West Camino Real Suite # 300 City Boca Raton FL Zip Code 33433	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Brad Goldstein 7200 West Camino Real # 300 Boca Raton, FL 33433	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					