

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000058165 (9)**

1. Corporation Name
MEDGROUP MANAGEMENT, INC.

Principal Place of Business

**1400 E. OAKLAND PK BLVD
SUITE 100
FT LAUDERDALE FL 33334
US**

Mailing Address

**1400 E. OAKLAND PK BLVD
SUITE 100
FT LAUDERDALE FL 33334
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1994

4. FEI Number

65-0507644

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAVENDER, JOEL R
507 SE 11 CT
FT LAUDERDALE FL 33318**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
COBO, JOSEPH M
1400 E. OAKLAND PK BLVD 100
FT. LAUDERDALE FL**

☐ DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0301252

CR2E034 (10/97)