

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058165

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

2. Principal Place of Business

21 **224 Commercial Blvd.**

Suite, Apt. #, etc.

22 **Suite 200**

City & State

23 **Laud. by the Sea, FL**

Zip Country

24 **33308**

25 **US**

2a. Mailing Address

26 **224 Commercial Blvd.**

Suite, Apt. #, etc.

27 **Suite 200**

City & State

28 **Laud. by the Sea, FL**

Zip Country

29 **33308**

30 **US**

9. Name and Address of Current Registered Agent

LAVENDER, JOEL R
507 SE 11 CT
FT LAUDERDALE FL 33316

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSTD** ☒ Change ☐ Addition
1.2 NAME **Cobo, Joseph M**
1.3 STREET ADDRESS **224 Commercial Blvd., Suite 200**
1.4 CITY-ST-ZIP **Lauderdale by the Sea, FL 33308**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

454 351-0336
Daytime Phone #

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90017 050 ***150.00



CR2E034 (1/1/98)