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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058165

MEDGROUP MANAGEMENT, INC.

Principal Place	of Business	Mailing Address				_	1300161)			01181 1 010 1 1181	
1400 E. OAKLA	1400 E. OAKLAND PK BLVI											
SUITE 100		SUITE 100				DO NOT WRITE IN THIS SPACE						
FT LAUDERDALE FL 33334 FT LAUDERDALE FL 333 US US						3	3. Date Incorporated or Qualifed					
03		00				"	08/05/19					
2 Principal Pl	lace of Business	2a. Mailing Address				4	, FEI Numbe				TTA	pplied For
	Commercial Blvd.	26 224 Comme	rcia	1	Blvd	.	65-0507	644			N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	1010		<u> </u>	l l	. Certifcate		nairad		\$8.75	Additional
22 Suite	e 200	27 Suite 200				5	. Certificate t	JI Status De	ssireu	لسا 	Fee R	lequired
City & State		City & State				-	Election Ca	empaign Fir	nancing	Π .		May Be
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Zip	Country	Zip	Coun		•	8	, This corpo			nt year Inta		□No
24 33308			30	US			Personal P	roperty Tax		ogistored	Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name	_10), Name and	Address	JI NOW K	egistereu	Agent	
I AVE	ENDER, JOEL R											
	SE 11 CT		[1	82	Street Ad	ldress (P.O. Box Nu	mber is Not	Acceptal	ole)		Ì
	AUDERDALE FL 33316		h.	83					 -			
										<u> </u>		
			1	84	City					FL	85 Zip	Code
44 Pursuant	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	s, the ab	ove-r	named co	rporatio	on submits th	is statemen	it for the p	ourpose of	changing it	s registered
office or r	egistered agent or both in the State of	f Florida. Such change was at	uthorized	by the	e corpora	ation's b	ooard of direc	tors. I here	by accep	t the appoi	ntment as r	egistered
agent. I a	m familiar with, and accept the obligation	ons or, section 607.0505, Flor	iua Statut	164.								
SIGNATURE												
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered A	\gent si	ignature requ	iired when	reinstating)			DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered A	\gent si	ignature requ	ired when	reinstating) ADDITIONS	/CHANGES	TO OFF			
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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 of rustee 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.

6.4 CITY-ST-ZIP

SIGNATURE: __

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90017 050 ***150.00