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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049576 (8)

FRIEDBERG MEDICAL GROUP, INC.

## **FILED** May 06 1997 8:00am Secretary of State

Principal Place of Business				Mailing Address										
1400 E OAKLAND PK BLVD SUITE 107-109 FT LAUDERDALE FL 33334 .US			SH	1 JOOK Shron Hill PA 19079 US										
			08					ļ	•	Date Incorporated or Qualified 3a. Date of Last Report 06/23/1995 04/09/1996				
9 Principal Pi	lace of Busin	nee	28.	Mailing Address					06/23/1995 4. FEI Number	V4/		pplied For		
2. Principal Place of Business				26 One Hook Road					59-3323740			ot Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					SR 75 Addition:					
22 Suite			27						5. Certificate of Status Desired	d $\square$	,	equired		
City & State				City & State					6. Election Campaign Financia	ng	\$5.00 May Be			
23			28	28 Sharon Hill, PA					Trust Fund Contribution			to Fees		
Zip	Country		1	Co	Country			8. This corporation has liability	y for intangible	tax under s	s. 199.032,			
24		25		19079	30 U	JSA			Florida Statutes	🗶 Yes				
	9, Name	and Address of Curren	t Regis	tered Agent			,		10. Name and Address of Ne	w Registered	Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525						81 82 83	Kare Street	on Ca Addres	arpenter s (P.O. Box Number is Not Acc					
											85 Zip	Code 314		
							Ft.	Lau	derdale	FL	.     33.	314		
11. Pursuant t	to the provis	ions of Sections 607.050	2 and 60 of Florid	07.1508, Florida Sta ta: Such change wa	lutes, the a s authoriza	abovi ed hy	e-named v the con	d corpor	ation submits this statement for i's board of directors. I hereby a	the purpose of accept the acc	f changing i pointment as	its registered s registered		
agent. I a	m familiar w	th, and accept the obliga	ations of	, Section 607.0505,	Florida Sta	atule	S.			4 (00	/O.T.			
SIGNATURE		Karangh					Carp		3 Y when reinstating)	4/23	/9/			
12.	Signature, typed	or printed name of registered age OFFICERS AND			OTE: Register		ent signature	e required	when rainstating) ADDITIONS/CHANGES TO (		DIRECTO	RS IN 12		
TITLE	D	OFFICE NO ANI	.7 (7)(1)(	DELETE		TITLE		DP	ADDITIONO/OFFANGES TO	SITIOLITO AIT	Change	Addition		
NAME		XAYMOND A JR.				NAME			mond A. Mirra, J	[r		31		
STREET ADDRESS		OOK ROAD					1 ADORESS		Hook Road	14.				
		HILL PA 19079					\$1-7IP			170				
CITY-ST-ZIP TITLE	SHANON	HILLY ISOIS		DELETE		THE	31-211	VP	aron Hill, PA 190		Change	Addition		
NAME				E DECTIE		NAME			in D. Stepanuk					
''' '	•						i address		Hook Road					
STREET ADDRESS									aron Hill, PA 190	170				
CITY-ST-ZIP	<del></del>		····	DELFTE		HILE	S1 - ZIP	S	1001 111117 111 150	,,,,	Change	Addition		
TITLE						NAMÉ		1	nn P. Mohnacs		Sumingo	A- Individual		
NAME CTOTET ADDRESS					1		T ADDRESS							
STREET ADDRESS								1	Hook Road	70				
CITY-ST-ZIP TITLE	<del> </del>			☐ DELETE		TITLE	ST-ZiP	T	aron Hill, PA 190	717	Change	Addition		
NAME						NAME			etor Battaglia			Mary		
	1						1 ADDRESS	1	Hook Road					
STREET ADDRESS							ST-ZIP	E .	ron H <b>ill, PA 19</b> 0	70				
CITY-ST-ZIP TITLE				DELETE		uny-: Mile	31-21r	0119	ITOH HILL, PA 190		Change	Addition		
				_ occen		NAME					2:10:19f0			
NAME AVAPET ADDRESS														
STREET ADDRESS							1 ADDRESS							
CITY-ST-ZIP	ļ <u>.</u>			DELETE		CHY-:	ST - 7IP				Charige	Addition		
TITLE											ې پېران ري	Family 130th (St)		
NAME						NAME								
STREET ADDRESS							LADDRESS							
CITY-ST-ZIP	<u> </u>				64	СПҮ-	ST-ZIP	1	0			111		

I do 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed, or on a straightment with an address.

\*\*Example 19. Steppe 2018\*\* 4/23/97 610-586-8514\*\* Kevin D. Stepanuk 4/23/97 610-586-8514