

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

FILED

Apr 29 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 # P95000049576 (8)

1. Corporation Name
FRIEDBERG MEDICAL GROUP, INC.



Principal Place of Business 1400 E OAKLAND PK BLVD STE. 109 FT LAUDERDALE FL 33334 US	Mailing Address ONE HOOK RD SHARON HILL PA 19079 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/23/1995 4. FEI Number 59-3323740 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent CARPENTER, KAREN 3901 S.W. 47TH AVE. #405 FT. LAUDERDALE FL 33314				10. Name and Address of New Registered Agent 81 Name Raymond A. Mirra, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 2932 North Atlantic Blvd. 83 84 City Ft. Lauderdale FL 85 Zip Code 33308			
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11. Pursuant to the provisions of Sections 607.0507 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 *Raymond A. Mirra, Jr.* **Raymond A. Mirra, Jr.** **4/20/98**
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRRA, RAYMOND A JR.	1.2 NAME	
STREET ADDRESS	ONE HOOK RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHARON HILL PA	1.4 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPANUK, KEVIN D	2.2 NAME	
STREET ADDRESS	ONE HOOK RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SHARON HILL PA	2.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHNACS, JOHN P	3.2 NAME	
STREET ADDRESS	ONE HOOK RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	SHARON HILL PA	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTAGLIA, VICTOR	4.2 NAME	Raymond A. Mirra, Jr.
STREET ADDRESS	ONE HOOK RD	4.3 STREET ADDRESS	One Hook Road
CITY - ST - ZIP	SHARON HILL PA	4.4 CITY - ST - ZIP	Sharon Hill, PA 19079
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (10/97)