

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 23, 2004 8:00 am
Secretary of State

09-23-2004 90002 012 ***550.00

DOCUMENT # P96000016055

1. Entity Name
NATIONAL MEDICAL GROUP, INC.



Principal Place of Business: **6630 BISCAYNE BLVD. MIAMI FL 33138**
 Mailing Address: **6630 BISCAYNE BLVD. MIAMI FL 33138**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: **65-0656594**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IKPE, NSIDIBE D
6630 BISCAYNE BLVD.
MIAMI FL 33138

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	IKPE, NSIDIBE DR.	
STREET ADDRESS	6630 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOISE, RUDOLPH DR.	
STREET ADDRESS	671 N.W. 119TH STREET	
CITY-ST-ZIP	N. MIAMI FL 33168	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	RUDOLPH, MOISE	
STREET ADDRESS	671 NW 119TH ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/30/04** Daytime Phone #: _____