

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000016055

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** NATIONAL MEDICAL GROUP, INC.

**Current Principal Place of Business:**

1001 NW 54TH ST., STE L  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

1001 NW 54TH ST., STE L  
MIAMI, FL 33127

**New Mailing Address:**

**FEI Number:** 65-0656594      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ADAM, MARIE FRANCE MD  
1001 NW 54TH ST., STE L  
MIAMI, FL 33127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: MARIE FRANCE ADAM, MD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: IKPE, NSIDIBE DR.  
Address: 6630 BISCAYNE BLVD.  
City-St-Zip: MIAMI, FL 33138

Title: VP ( ) Delete  
Name: MOISE, RUDOLPH DR.  
Address: 671 N.W. 119TH STREET  
City-St-Zip: N. MIAMI, FL 33168

Title: VPT ( ) Delete  
Name: RUDOLPH, MOISE  
Address: 671 NW 119TH ST.  
City-St-Zip: NORTH MIAMI, FL 33168

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ADAM, MARIE FRANCE DR.  
Address: 1001 N W 54 STREET SUITE L  
City-St-Zip: MIAMI, FL 33127

Title: VP (X) Change ( ) Addition  
Name: DIAQUOI, LYDICE  
Address: 1001 N W 54 STREET SUITE L  
City-St-Zip: N. MIAMI, FL 33127

Title: T (X) Change ( ) Addition  
Name: ADAM, MARIE FRANCE DR  
Address: 1001 NW 54 STREET SUITE L  
City-St-Zip: MIAMI, FL 33127

Title: OFF ( ) Change (X) Addition  
Name: CONZE, MARGARETTE  
Address: 1001 N W 54 STREET SUITE L  
City-St-Zip: MIAMI, FL 33127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARETTE CONZE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OFFI

10/06/2005

\_\_\_\_\_  
Date