

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000016055

FILED
Jun 20, 2006
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:

1190 N W 95 STREET
SUITE 302
MIAMI, FL 33150

Current Mailing Address:

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

New Mailing Address:

1190 N W 95 STREET
SUITE 302
MIAMI, FL 33150

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:

ADAM, MARIE FRANCE MD
1190 N W 95 STREET
SUITE 302
MIAMI, FL 33150 US

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

06/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADAM, MARIE FRANCE DR.
Address: 1190 NW 95 STREET SUITE 302
City-St-Zip: MIAMI, FL 33150

Title: VP (X) Change () Addition
Name: DIAQUOI, LYDICE
Address: 1190 N W 95 STREET SUITE 302
City-St-Zip: N. MIAMI, FL 33150

Title: T (X) Change () Addition
Name: ADAM, MARIE FRANCE DR
Address: 1190 N W 95 STREET SUITE 302
City-St-Zip: MIAMI, FL 33150

Title: OFF (X) Change () Addition
Name: CONZE, MARGARETTE
Address: 1190 N W 95 STREET SUITE 302
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

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06/20/2006

Electronic Signature of Signing Officer or Director

Date