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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000049150 (1)

1. Corporation Name:

CENTRAL MEDICAL GROUP, P.A.



Principal Place of Business:

7707 NORTH UNIVERSITY DRIVE STE 107
TAMARAC FL 33321

Mailing Address:

7707 NORTH UNIVERSITY DRIVE STE 107
TAMARAC FL 33321-2862

3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

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

30

4. FEI Number

65-0675559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

MINEO, PETER JR
ONE E BROWARD BLVD STE 700
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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

Signature of person filing this statement (if not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
PD	WEINER, DOUGLAS E	6610 N UNIVERSITY DR	TAMARAC FL	☐
VD	STREIT, BARRY	6610 N UNIVERSITY DR	TAMARAC FL	☐
SD	LIEBER, CHARLES E	6610 N UNIVERSITY DR	TAMARAC FL	☐
D	ZEIGER, TONEL	5834 NW 35 WAY	BOCA RATON FL	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ Change	☐ Addition
11				☐	☐
12				☐	☐
13				☐	☐
14				☐	☐
21				☐	☐
22				☐	☐
23				☐	☐
24				☐	☐
31				☐	☐
32				☐	☐
33				☐	☐
34				☐	☐
41				☐	☐
42				☐	☐
43				☐	☐
44				☐	☐
51				☐	☐
52				☐	☐
53				☐	☐
54				☐	☐
61				☐	☐
62				☐	☐
63				☐	☐
64				☐	☐

14. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97 954-720-6166

0290528

CR2E034 (9/96)