

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91212 021 ***150.00

DOCUMENT # P96000049150

1. Entity 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**

640000623



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0675559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEINER, DOUGLAS E 6610 N UNIVERSITY DR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STREIT, BARRY 6610 N UNIVERSITY DR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIEBER, CHARLES E 6610 N UNIVERSITY DR TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEIGER, TONEL 5834 NW 35 WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BENDER, KEVIN 7707 N UNIVERSITY DR TAMARAC, FL 33321
TITLE 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

Daytime Phone #

4/29/04

954780-7807