2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P96000049150

Entity Name: CENTRAL MEDICAL GROUP, P.A.

Current Principal Place of Business:

7707 NORTH UNIVERSITY DRIVE STE 107
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7707 NORTH UNIVERSITY DRIVE STE 107
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0675559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEINER, DOUGLAS E
Address: 6610 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL

Title: VD ( ) Delete
Name: STREIT, BARRY
Address: 6610 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL

Title: SD ( ) Delete
Name: LIEBER, CHARLES E
Address: 6610 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL

Title: D ( ) Delete
Name: ZEIGER, TONEL
Address: 5834 NW 35 WAY
City-St-Zip: BOCA RATON, FL

Title: T ( ) Delete
Name: BENDER, KEVIN
Address: 7707 N UNIVERSITY DR
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete
Name: ZEIGER, SANDRA L
Address: 3740 S.OCEAN BLVD #110
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN BENDER M.D. T 04/29/2008

Electronic Signature of Signing Officer or Director Date