

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000049150

FILED
Mar 21, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS WEINER

PD

03/21/2011

Electronic Signature of Signing Officer or Director

Date