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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000069966 (5)

1. Corporation Name
PMG ACQUISITION CORP.



Principal Place of Business

Mailing Address

1455 NORTH PARK DRIVE
FORT LAUDERDALE FL 33326

1455 NORTH PARK DRIVE
FORT LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1455 North Park Drive
Suite, Apt. #, etc.

22 City & State
23 Fort Lauderdale, FL

24 Zip 33326 25 Country USA

2a. Mailing Address

26 1455 North Park Drive
Suite, Apt. #, etc.

27 City & State
28 Fort Lauderdale, FL

29 Zip 33326 30 Country USA

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

65-0698264

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARREN, CHARLENE
1455 NORTH PARK DRIVE
FORT LAUDERDALE FL 33326

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MEDEL, ROGER J M.D.
STREET ADDRESS 1455 NORTH PARK DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE D ☐ DELETE
NAME MULLEN, LAWRENCE M
STREET ADDRESS 1455 NORTH PARK DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33326

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Roger Medel, M.D.
1.3 STREET ADDRESS 1455 North Park Drive
1.4 CITY-ST-ZIP Fort Lauderdale, Florida 33326

2.1 TITLE Secretary ☒ Change ☐ Addition
2.2 NAME Lawrence Mullen
2.3 STREET ADDRESS 1455 North Park Drive
2.4 CITY-ST-ZIP Fort Lauderdale, Florida 33326

3.1 TITLE Treasurer ☐ Change ☒ Addition
3.2 NAME Lawrence Mullen
3.3 STREET ADDRESS 1455 North Park Drive
3.4 CITY-ST-ZIP Fort Lauderdale, Florida 33326

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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]

4-24-98

991-384-0175

CR2E034 (10/97)