	MENT # P970000	115358					
Entity Name	™ ON MEDICAL GROUP, INC.						
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incipal Place	e of Business	Mailing Address			-	27 PM 4:34	
DIO BOY SCOUT BLVD. UITE 350		8038 WURZBAGH			SECRETARY OF STATE TALLAHASSEE FLORIDA		
IPA FL 33607	7	SAN ANTONIO TX 78229			TALLAHA	SSEE FLUKIUM	
Principal Pl 500	Place of Business W. MAIN STREE	3. Mailing Address	40026		E 10011088 ITO 10000 Photo 00000 88000	00111 90101 11001 91100 11101 911	111 1011 101 1
Suite, Apt. :		Suite, Apt. #, etc.	ept.		DO NOT WRI	TE IN THIS SPACE	
City & State	_ //	City & State Louisville	KY	4.	El Number 74-281559) –	oplied For ot Applicable
Zip	Country	Zip	Country	5. (Certificate of Status Desired	□ \$8.75 Add	ditional
40 <i>20.</i>	6. Name and Address of Current	Registered Agent	Jeffersi		ame and Address of New F	Fee Require	ed
		<u> </u>	Name	<u>A</u>	-ation Servi	0)√
	els, alan h No magnolia ave. Ste 1500		Street A	Address (P.O. E	lox Number is Not Acceptable	e)	r
ORLA	ANDO FL 32803		t	201 1	tames St.		
			City -	Tallaho	SSER	FL Zip Cod	- 25 x
The above	anamed entity submits this statement for	or the purpose of changing its	registered office o	or registered ag	ent, or both, in the State of Fl	orida.	
		1	~ .				
	Signatura, Irped or printed Rame of regutered agent	Pike Mar and title if applicable. (NOTE	Redistered Agent signa	ke, Asst	. Secretary	4-26-200 DATE	<u>> </u>
, This corpo Tax filing re	Signature ped or printed hame of regulared agent oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!	!! FEE IS \$150. 01 Fee will be \$.00 550.00 nt of State	10:Bloodon Carry Gio An Trust Fund Confiling	DATE 1 5 1 5 1 5 6 2019-01040 50.00 ******	
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