

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000021603

FILED  
Mar 27, 2003  
Secretary of State

Entity Name: PREFERRED MEDICAL GROUP, INC.

## Current Principal Place of Business:

5150 TAMIAMI TRAIL NORTH,STE.503  
SUITE 4008  
NAPLES, FL 34103 US

## New Principal Place of Business:

9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US

## Current Mailing Address:

5150 TAMIAMI TRAIL NORTH,STE.503  
SUITE 4008  
NAPLES, FL 34103 US

## New Mailing Address:

9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US

FEI Number: 59-3444775

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AGIUS, BRENDA  
5150 TAMIAMI TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103 US

## Name and Address of New Registered Agent:

MACDONALD, DAVID  
9140 CORSEA DEL FONTANA WAY  
NAPLES, FL 34109 US

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: DAVID MACDONALD

03/27/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MGR ( ) Delete  
Name: MALE, CHRIS  
Address: 300 NORTH DREW COURT  
City-St-Zip: DULUTH, GA 30094 US

Title: D ( ) Delete  
Name: HOLTON, DONALD  
Address: 300 NORTH DREW COURT  
City-St-Zip: DULUTH, GA 30094 US

Title: D ( ) Delete  
Name: WILSON, GEORGE  
Address: 821 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change ( ) Addition  
Name: MALE, CHRIS  
Address: 115 HEDGEROW TRACE  
City-St-Zip: DULUTH, GA 30097 US

Title: D (X) Change ( ) Addition  
Name: HOLTON, DONALD  
Address: 9140 CORSEA DEL FONTANA WAY  
City-St-Zip: NAPLES, FL 34109 US

Title: D (X) Change ( ) Addition  
Name: WILSON, GEORGE  
Address: 821 FIFTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRIS MALE

MGR

03/27/2003

Electronic Signature of Signing Officer or Director

Date