

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 JUN 23 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000070666

1. Entity Name
FIDELITY MEDICAL GROUP, INC.



Principal Place of Business
330 SW 27 AVENUE, 330 MEDICO
SUITE 708
MIAMI, FL 33135

Mailing Address
330 SW 27 AVENUE, 330 MEDICO
SUITE 708
MIAMI, FL 33135



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06062006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0776668

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, OSCAR
330 SW 27TH AVE.
SUITE 708
MIAMI, FL 33135

Name
ADAM MURPHY

Street Address (P.O. Box Number is Not Acceptable)

330 SW 27th Avenue, Suite 708

City
Miami

FL

Zip Code
33135

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
MURPHY, OSCAR
330 SW 27TH AVE. 708
MIAMI, FL 33135 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
200076704382 ☐ Change ☐ Addition
06/29/06--01019--006 **61.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
ADAM MURPHY
330 SW 27th Avenue, Suite 708
Miami, Florida 33135 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/07/06

Date

(305)
358-0028

Daytime Phone #

6/27/06