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ANNUAL REPORT Secretary C		therine Harris cretary of State			
		OF CORPORATIONS	03-10-1999 90044 037 ***150.00		
OCU	MENT # P9800	0054321			
	MEDICAL GROUP, INC.				
ncipal Place	of Business	Mailing Address		I ( <b>199</b> %2017) in telev total of the desire contraction of the state of the second	
14640 GLENCAIRN RD 14640 GLENCAIRN RD					
mi lakes fi	L 33018	MIAMI LAKES FL 330	16	DO NOT WRITE IN THIS SPACE	,
				3. Date Incorporated or Qualified 06/17/1998	
Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
Culto Ant	44 _4_	26 Suite, Apt. #, etc		Not Applicabi	e
Suite, Apt. :	#, 81C.	27		5. Certifcate of Status Desired Fee Required	_
City & State	9	City & State 28		6. Election Campaign Financing Trust Fund Contribution Added to Fees	·{ ·
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	===
	25 9. Name and Address of Cur	29 rent Registered Agent	[30]	Personal Property Tax. UYas UNo 10. Name and Address of New Registered Agent	
PAR			B1 Name		
ROBINSON, DEBORAH B 14640 GLENCAIRN RD MIAMI LAKES FL 33016		82 Street Add	ress (P.O. Box Number is Not Acceptable) .		
		83			
			84 City	FL 85 Zip Code	
Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida S	Statutes, the above-named corp		
agent. I ar	m tamyrar with, and accept use oo	igations of, Section 607,050	s, Florida Statutes.	coration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered 3/3/89	
agent. I ar	Signature, typed or preted name of registered	agent and title if applicable.	(NOTE: Registered Agent signature require	3/3/99 DATE	
agent. I ar	Signature, typed or preted name of registered	inations of, Section 607,050	(NOTE: Registered Agent signature require 13.	3/3/99	
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