


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90394 029 \*\*\*150.00

<b>DOCUMENT # P98000076029</b>																																																																																																																																			
<b>1. Entity Name</b> MEDICAL PARTNERS GROUP, INC.																																																																																																																																			
<b>Principal Place of Business</b> 9900 STERLING ROAD SUITE 301 COOPER CITY, FL 33024			<b>Mailing Address</b> 9900 STERLING ROAD SUITE 301 COOPER CITY, FL 33024																																																																																																																																
<b>2. Principal Place of Business</b> 9950 Stirling Road Suite, Apt. #, etc. 108		<b>3. Mailing Address</b> 9950 Stirling Road Suite, Apt. #, etc. 108		03282005    Chg-P    CR2E034 (10/03)																																																																																																																															
<b>City &amp; State</b> Cooper City, FL		<b>City &amp; State</b> Cooper City, FL		<b>4. FEI Number</b> 65-0860315																																																																																																																															
<b>Zip</b> 33024		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																															
<b>6. Name and Address of Current Registered Agent</b>  WAXMAN, FRANK 9900 STIRLING ROAD 301 COOPER CITY, FL 33024				<b>7. Name and Address of New Registered Agent</b> Name: <b>Same</b> Street Address (P.O. Box Number is Not Acceptable): 9950 Stirling Road Ste. 108 City: <b>Cooper City</b> <b>FL</b> Zip Code: <b>33024</b>																																																																																																																															
<b>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.</b>  SIGNATURE: <i>[Signature]</i> DATE: <i>4/23/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>12. 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 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.</b>  SIGNATURE: <i>[Signature]</i> <b>Frank Waxman, Director</b> DATE: <i>4/23/05</i> DAYTIME PHONE: <b>954-704-1828</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			