

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000076029

1. Entity Name

MEDICAL PARTNERS GROUP, INC.



Principal Place of Business

**9950 STIRLING ROAD
SUITE 108
COOPER CITY, FL 33024**

Mailing Address

**9950 STIRLING ROAD
SUITE 108
COOPER CITY, FL 33024**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0860315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAXMAN, FRANK
9950 STIRLING ROAD
STE 108
COOPER CITY, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME WAXMAN, FRANK
STREET ADDRESS 9950 STIRLING ROAD, STE 108
CITY-ST-ZIP COOPER CITY, FL 33024**

**TITLE VST
NAME DYAL, ZALINA
STREET ADDRESS 9950 STIRLING ROAD, STE 108
CITY-ST-ZIP COOPER CITY, FL 33024**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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04/22/06-80025-004 150.00

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

Frank Waxman

X 4/6/06

954-704-1828

Date

Daytime Phone #