2008 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT				Feb 11, 2008 08:00 AM			
DOCU	MENT # P9800010010		Secretary of Sta				
Entity Name S.S. MEDICAL GROUP, INC.						•	
Principal Plac	ce of Business N	<u> </u>					
4007 BAYSIDE DR. 4007 BAYSIDE DR. BRADENTON, FL 34210 BRADENTON, FL 34210							
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	The second of th		65-088		Not Applicable		
4. 379	4,0		Part away y Company and the Company of the Company	5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	n v ing	, p	of the section of the second	111		
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			need a city in	" " " " " " " " " " " " " " " " " " "	THIS SPA		
		The state of the second		INIO OFA	VE.		
8. The above	e named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or bo	h, in the State of Florida	I am familiar with, and accept	
the obliga	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and titl	il applicable. (NOTE: Registere	od Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina	+	00 May Be	60000082	3703 048-012 150.00	
	lay 1, 2008 Fee will be \$550.00	Trust Fund Contribution.	☐ Add	ed to Fees		oro ora louros	
10. TITLE	OFFICERS AND DIRE	CTORS	Add a		on a part of	The same of the sa	
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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 of 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 of the corporation of the corporation of the receiver of trustee empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR