

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000015650

1. Entity Name  
PMG Medical, Inc

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

06-16-2000 90111 049 \*\*\*150.00

Principal Place of Business Mailing Address  
1515 BROADWAY Ave  
Lehigh Acres, FL 33972

2. Principal Place of Business 3. Mailing Address  
1515 Broadway Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Lehigh Acres, FL  
33972 Lee

4. FEI Number Applied For  
65-0895761 Not Applicable

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	MARKVIN Reich, MD <input type="checkbox"/> Delete
NAME	1979 Hillsboro Blvd. President
STREET ADDRESS	Deerfield Beach, FL 33442
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Gez Agalli, V.P.T. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	19308 Pine Glen Dr.
STREET ADDRESS	Ft. Myers, FL 33912
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/98)