

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038025

1. Entity Name

MEDNET GROUP, INC.

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90025 014 ***167.50

Principal Place of Business

Mailing Address

7667 W SAMPLE ROAD #271
CORAL SPRINGS FL 33065

7667 W SAMPLE ROAD #271
CORAL SPRINGS FL 33065-4718

2. Principal Place of Business

3. Mailing Address

8915 RAMBLEWOOD Drive

8915 Ramblewood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2209

2209

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Zip

Country

USA

Zip

Country

USA

33071

33071

4. FEI Number

☒ Applied For
☐ 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

TOBACK, DENNIS M
7667 W SAMPLE ROAD #271
CORAL SPRINGS FL 33065

Name --- DENNIS M. TOBACK

Street Address (P.O. Box Number is Not Acceptable)

8915 Ramblewood Dr.

2209

City

Coral Springs

FL

Zip Code

33071

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 Dennis M. Toback

4/16/00

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS TOBACK, DENNIS M
CITY-ST-ZIP 7667 W SAMPLE ROAD #271
CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME Dr. Dennis M. TOBACK
STREET ADDRESS 8915 Ramblewood Dr., #2209
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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:

Dennis M. Toback
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00
Date

954-714-2500
Daytime Phone #

CR2E034 (9/99)