

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000053551**

1. Entity Name

**B. W. MEDICAL GROUP, INC.****FILED****May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90051 047 \*\*\*150.00

Principal Place of Business

637 N.W. 12TH AVE.  
DEERFIELD BEACH FL 33442

Mailing Address

637 N.W. 12TH AVE.  
DEERFIELD BEACH FL 33442-1711

2. Principal Place of Business

14515 N.W. 60th ave.

3. Mailing Address

2855B WEST McNab Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Miami Lakes, FL

City &amp; State

Pompano Beach, FL

Zip

33014

Country

U.S.A.

Zip

33069

Country

U.S.A.

4. FEI Number

65-0929368

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HINES, KIM A ESQ.  
STEEL HECTOR & DAVIS LLP  
777 S. FLAGLER DR.  
WEST PALM BEACH FL 33401

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  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AURAN. MITCHELL D	
STREET ADDRESS	888 JEFFREY ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRANK, JEFFREY H.	
STREET ADDRESS	637 N.W. 12TH AVE.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUMBLE, RICHARD M	
STREET ADDRESS	415 HIDDEN OAKS CT.	
CITY-ST-ZIP	MAHPOMEDI MN 55155	
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	CFO - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karst, Bradford	
STREET ADDRESS	2855B WEST McNab Road	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	CEO - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trank, Jeffrey H.	
STREET ADDRESS	2855B WEST McNab Rd.	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	President - D / Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rumble, Richard	
STREET ADDRESS	2855B WEST McNab Rd.	
CITY-ST-ZIP	Pompano Beach, FL 33069	
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		

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:

Bradford Karst, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

954-984-1841

Daytime Phone #