2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023879

Entity Name: DIAGNOSTIC CLINIC MEDICAL GROUP, INC.

Current Principal Place of Business:

1301 2ND AVENUE SW LARGO, FL 33770

Current Mailing Address:

1301 2ND AVENUE SW LARGO, FL 33770 US

FEI Number: 59-3307922

Name and Address of Current Registered Agent:

MACCARTHY, DEIRDRE 4800 DEERWOOD CAMPUS PARKWAY 100-7 JACKSONVILLE, FL 32246 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	CHAIRMAN	Title	TREASURER	
Name	SCHRADER, ELANA DR.	Name	BERRIOS, JOANNE	
Address	4800 DEERWOOD CAMPUS PARKWAY DC 1-8	Address	4800 DEERWOOD CAMPUS PARKWAY	
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246	
Title	DIRECTOR	Title	SECRETARY	
Name	MARINO , VITO ANTHONY	Name	HALL, ALLEN ESQ.	
Address	4800 DEERWOOD CAMPUS PARKWAY DC 4-1	Address	4800 DEERWOOD CAMPUS PARKWAY DC 1-7	
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246	
Title		T:4 -		
Title	PRESIDENT, CEO AND DIRECTOR	Title	DIRECTOR	
Name	GOVILA, RAVI DR.	Name	TROTTER-MITCHELL, SHAWN	
Address	1301 2ND AVENUE SW	Address	4800 DEERWOOD CAMPUS PARKWAY DC 1-8	
City-State-Zip:	LARGO FL 33770	City-State-Zip:	JACKSONVILLE FL 32246	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALLEN HALL

SECRETARY

04/06/2020

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 06, 2020 Secretary of State 7068354851CC

Certificate of Status Desired: Yes

Date