

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000049150

Entity Name: CENTRAL MEDICAL GROUP, P.A.**Current Principal Place of Business:**7707 NORTH UNIVERSITY DRIVE STE 107
TAMARAC, FL 33321**Current Mailing Address:**7707 NORTH UNIVERSITY DRIVE STE 107
TAMARAC, FL 33321**FEI Number:** 65-0675559**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MINEO, PETER JR
ONE E BROWARD BLVD STE 700
FT LAUDERDALE, FL 33301 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_____
Date**Officer/Director Detail :**

Title	PD	Title	VD
Name	WEINER, DOUGLAS E	Name	STREIT, BARRY
Address	6610 N UNIVERSITY DR	Address	6610 N UNIVERSITY DR
City-State-Zip:	TAMARAC FL	City-State-Zip:	TAMARAC FL
Title	SD	Title	D
Name	LIEBER, CHARLES E	Name	ZEIGER, TONEL
Address	6610 N UNIVERSITY DR	Address	5834 NW 35 WAY
City-State-Zip:	TAMARAC FL	City-State-Zip:	BOCA RATON FL
Title	T	Title	S
Name	BENDER, KEVIN	Name	ZEIGER, SANDRA L
Address	7707 N UNIVERSITY DR	Address	3740 S.OCEAN BLVD #110
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	HIGHLAND BEACH FL 33487

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: WEINER , DOUGLAS E**04/27/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date