

2021 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
Name	WEINER, DOUGLAS E
Address	6610 N UNIVERSITY DR
City-State-Zip:	TAMARAC FL

Title	SD
Name	LIEBER, CHARLES E
Address	6610 N UNIVERSITY DR
City-State-Zip:	TAMARAC FL

Title	T
Name	BENDER, KEVIN
Address	7707 N UNIVERSITY DR
City-State-Zip:	TAMARAC FL 33321

Title	VD
Name	STREIT, BARRY
Address	6610 N UNIVERSITY DR
City-State-Zip:	TAMARAC FL

Title	D
Name	ZEIGER, TONEL
Address	5834 NW 35 WAY
City-State-Zip:	BOCA RATON FL

Title	S
Name	ZEIGER, SANDRA L
Address	3740 S.OCEAN BLVD #110
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: DOUGLAS WEINER

PD

04/30/2021

Electronic Signature of Signing Officer/Director Detail_____
Date