

2019 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: WEINER , DOUGLAS E**OFFICER****05/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date