No. C 199013		Due no later than Jul 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. MDLIVE MEDICAL GROUP, P.A. 13630 NW 8TH ST SUITE 205 SUNRISE FL 33325		NATIONAL CORPORATE RESEARCH LT 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
VICE PRESIDENT	RICHARD GILBERT		13630 NW 8TH STREET	SUITE 205	SUNRISE	FL	USA	33325
DIRECTOR	RICHARD GILBERT		13630 NW 8TH STREET	SUITE 205	SUNRISE	FL	USA	33325
PRESIDENT STEVEN MO			13630 NW 8TH STREET		SUNRISE	FL	USA	33325
TREASURER RICHARD GII			13630 NW 8TH STREET		SUNRISE	FL	USA	33325
SECRETARY RICHARD GII			13630 NW 8TH STREET		SUNRISE	FL	USA	33325
DIRECTOR	DR. T.F. BRI	EWER	13630 NW 8TH STREET	SUITE 205	SUNRISE	FL	USA	33325
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
FL C 199013		Signature: Richard Gilbert		Da	ate: 07/07/2017			
		Name (type or print): Richard Gilbert T		itle: VP/Secretary/Treasurer/Director				
Processed 07/07/2017 * Electronically provided signatures are accepted as original signatures.								