

No. C 199013		Due no later than Jul 31, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MDLIVE MEDICAL GROUP, P.A. 13630 NW 8TH ST SUITE 205 SUNRISE FL 33325		COGENCY GLOBAL INC. 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
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	
DIRECTOR	JASON CASTEN	13630 NW 8TH STREET SUITE 205	SUNRISE	FL	USA	33325	
TREASURER	JASON CASTEN	13630 NW 8TH STREET SUITE 205	SUNRISE	FL	USA	33325	
DIRECTOR	LYLE BERKOWITZ, MD	13630 NW 8TH STREET SUITE 205	SUNRISE	FL	USA	33325	
SECRETARY	LYLE BERKOWITZ, MD	13630 NW 8TH STREET SUITE 205	SUNRISE	FL	USA	33325	
VICE PRESIDENT	LYLE BERKOWITZ, MD	13630 NW 8TH STREET SUITE 205	SUNRISE	FL	USA	33325	
PRESIDENT	T. FORD BREWER, MD	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: T. Ford Brewer, MD Name (type or print): T. Ford Brewer, MD				Date: 07/11/2018 Title: President	
Processed 07/11/2018		* Electronically provided signatures are accepted as original signatures.					