

No. C 199013		Due no later than Jul 31, 2014		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		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MDLIVE MEDICAL GROUP, P.A. MARK A BURNHEIMER ESQ 13630 NW 8TH ST SUITE 205 SUNRISE FL 33325 USA					
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	STEPHEN PARKER MD	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325	
DIRECTOR	DANIEL KAPP MD	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325	
DIRECTOR	THIERNO DIALLO MD	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325	
DIRECTOR	DEBORAH MULLIGAN	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325	
DIRECTOR	STEVEN V GURLAND MD	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325	
PRESIDENT	STEVEN V GURLAND MD	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325	
SECRETARY	DEBORAH MULLIGAN	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
FL C 199013		Signature: Steven V Gurland Md			Date: 06/19/2014		
		Name (type or print): Steven V Gurland Md			Title: President		
Processed 06/19/2014		* Electronically provided signatures are accepted as original signatures.					