

No. C 199013		Due no later than Jul 31, 2015		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		
		1. Mailing Address: Correct in this box if needed. MDLIVE MEDICAL GROUP, P.A. MARK A BURNHEIMER ESQ 4110 COPPER RIDGE DRIVE SUITE 204 TRAVERSE CITY MI 49684 USA		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
VICE PRESIDENT	STEVEN C MOTARJEME MD	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325
TREASURER	DANIEL L KAPP MD	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325
DIRECTOR	STEVEN C MOTARJEME MD	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325
DIRECTOR	DANIEL L KAPP MD	13630 NW 8TH ST SUITE 205	SUNRISE	FL	USA	33325
DIRECTOR	DEBORAH A MULLIGAN MD	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	DANIEL L KAPP MD	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			Date: 06/30/2015	
		Name (type or print): STEVEN V. GURLAND			Title: PRESIDENT	
Processed 06/30/2015		* Electronically provided signatures are accepted as original signatures.				