

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007002

**FILED  
Apr 30, 2018  
Secretary of State  
CC2782484956**

**Entity Name:** WE ARE ONE MEDICAL GROUP, INC.

**Current Principal Place of Business:**

3169 CARTHAGE COURT  
ORLANDO, FL 32837

**Current Mailing Address:**

3169 CARTHAGE COURT  
ORLANDO, FL 32837 US

**FEI Number: 81-3448452**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DELGADO, ANDRES  
3169 CARTHAGE COURT  
ORLANDO, FL 32837 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 C  
Name DELGADO, ANDRES  
Address 3169 CARTHAGE COURT  
City-State-Zip: ORLANDO FL 32837

Title T  
Name ROMERO, MARIANA  
Address 3130 TERRY BROOK DRIVE #612  
City-State-Zip: WINTER PARK FL 32792

Title VC  
Name SULLIVAN, DANIELLA  
Address 3169 CARTHAGE COURT  
City-State-Zip: ORLANDO FL 32837

Title D  
Name RODRIGUEZ, MARIANELLA  
Address 3169 CARTHAGE CT  
City-State-Zip: ORLANDO FL 32837

Title D  
Name SIERRA, ALEXANDER  
Address 15375 SW 105TH LN #1  
City-State-Zip: MIAMI FL 33196

Title D  
Name FERNANDEZ, LUIS  
Address 3167 WHISPER LANE LN APT A  
City-State-Zip: WINTER PARK FL 32792

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANDRES DELGADO**

**CHIEF EXECUTIVE  
OFFICER**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date