

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000079171

Entity Name: ACCESS MEDICAL GROUP OF NORTH MIAMI BEACH, INC.**Current Principal Place of Business:**777 BRICKELL AVE. SUITE 1070
MIAMI, FL 33131**Current Mailing Address:**777 BRICKELL AVE. SUITE 1070
MIAMI, FL 33131**FEI Number:** 45-3191569**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	DIRECTOR
Name	SETTEMBRINO, JEFF
Address	777 BRICKELL AVENUE SUITE 1070
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	HORTON, EVAN
Address	777 BRICKELL AVENUE SUITE 1070
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR
Name	MCKENNEY, MARK
Address	777 BRICKELL AVENUE SUITE 1070
City-State-Zip:	MIAMI FL 33131

Title	DIRECTOR, PRESIDENT & CEO
Name	IZQUIERDO, LUIS H
Address	777 BRICKELL AVENUE SUITE 1070
City-State-Zip:	MIAMI FL 33131

Title	SECRETARY
Name	LUGO, VICTOR
Address	777 BRICKELL AVENUE SUITE 1070
City-State-Zip:	MIAMI FL 33131

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

SIGNATURE: JEFF SETTEMBRINO**DIRECTOR****02/03/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date