

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079171

**Entity Name:** ACCESS MEDICAL GROUP OF NORTH MIAMI BEACH, INC.**Current Principal Place of Business:**777 BRICKELL AVENUE  
SUITE 1070  
MIAMI, FL 33131**Current Mailing Address:**777 BRICKELL AVENUE  
SUITE 1070  
MIAMI, FL 33131 US**FEI Number:** 45-3191569**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FELUREN, MARK SESQ.  
200 EAST BROWARD BOULEVARD  
1110  
FORT LAUDERDALE, FL 33301 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

03/06/2014

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