

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079171

**Entity Name:** ACCESS MEDICAL GROUP OF NORTH MIAMI BEACH, INC.

**Current Principal Place of Business:**

6100 BLUE LAGOON DRIVE  
SUITE 365  
MIAMI, FL 33126

**Current Mailing Address:**

6100 BLUE LAGOON DRIVE  
SUITE 365  
MIAMI, FL 33126 US

**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 DPCEOS  
Name IZQUIERDO, LUIS H  
Address 6100 BLUE LAGOON DRIVE  
SUITE 365  
City-State-Zip: MIAMI FL 33126

Title D  
Name CROSBY, CHRISTOPHER  
Address 6100 BLUE LAGOON DRIVE  
SUITE 365  
City-State-Zip: MIAMI FL 33126

Title D  
Name HILINSKI, SCOTT  
Address 6100 BLUE LAGOON DRIVE  
SUITE 365  
City-State-Zip: MIAMI FL 33126

Title D  
Name VINCIGUERRA, CHRISTOPHER  
Address 6100 BLUE LAGOON DRIVE  
SUITE 365  
City-State-Zip: MIAMI FL 33126

*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:** IZQUIERDO , LUIS H

DPCEOS

02/19/2018

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

\_\_\_\_\_  
Date