

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079213

**Entity Name:** ACCESS MEDICAL GROUP OF WESTCHESTER, INC.

**Current Principal Place of Business:**

1621-27 SW 107TH AVE.  
MIAMI, FL 33165

**Current Mailing Address:**

995 N. MIAMI BEACH BLVD.  
100  
N. MIAMI BEACH, FL 33162

**FEI Number:** 45-3199819

**Certificate of Status Desired:** No

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

FELUREN, MARK SESQ.  
200 E. 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 P,D  
Name CARRALERO, RITA  
Address 995 N. MIAMI BEACH BLVD., STE. #100  
City-State-Zip: N. MIAMI BEACH FL 33162

*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:** RITA CARRALERO

**PRESIDENT**

**03/23/2013**

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

\_\_\_\_\_ Date