

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079218

**FILED**  
**Mar 11, 2014**  
**Secretary of State**  
**CC9221491991**

**Entity Name:** ACCESS MEDICAL GROUP OF FLORIDA CITY, 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:** 45-3192366

**Certificate of Status Desired:** No

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

FELUREN, MARK SESQ.  
200 E. BROWARD BLVD.  
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  
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**

**03/11/2014**

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

\_\_\_\_\_  
Date