

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000079218

**Entity Name:** ACCESS MEDICAL GROUP OF FLORIDA CITY, INC.

**FILED**  
**Feb 03, 2015**  
**Secretary of State**  
**CC4097605220**

**Current Principal Place of Business:**

777 BRICKELL AVENUE  
SUITE 1070  
MIAMI, FL 33131

**Current Mailing Address:**

777 BRICKELL AVENUE  
SUITE 1070  
MIAMI, FL 33131

**FEI Number: 45-3192366**

**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  
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