

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000079218

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

Current Principal Place of Business:

6100 BLUE LAGOON DRIVE
STE. 365
MIAMI, FL 33126

Current Mailing Address:

6100 BLUE LAGOON DRIVE
STE. 365
MIAMI, FL 33126 US

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 DPCEOS
Name IZQUIERDO, LUIS
Address 6100 BLUE LAGOON DRIVE
STE. 365
City-State-Zip: MIAMI FL 33126

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

Title D
Name HILLINSKI, SCOTT
Address 6100 BLUE LAGOON DRIVE
STE. 365
City-State-Zip: MIAMI FL 33126

Title D
Name VINCIGUERRA, CHRISTOPHER
Address 6100 BLUE LAGOON DRIVE
STE. 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

DPCEOS

02/19/2018

Electronic Signature of Signing Officer/Director Detail

Date