

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000057299

FILED
Jun 09, 2015
Secretary of State
CC0687035369

Entity Name: INTEGRATED MEDICAL GROUP EASTERN REGION INC.

Current Principal Place of Business:

9957 MOORINGS DR.
SUITE 204
JACKSONVILLE, FL 32257

Current Mailing Address:

3230 S. BUFFALO DR.
SUITE 105
LAS VEGAS, NV 89117 US

FEI Number: 46-3391559

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SILVA, AMANDO O JR.
9957 MOORINGS DR.
SUITE 204
JACKSONVILLE, FL 32257 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
Name SILVA, AMANDO O JR.
Address 9957 MOORINGS DR. SUITE 204
City-State-Zip: JACKSONVILLE FL 32257

Title SEC
Name SILVA, DAISY L
Address 5 POTTER LN
City-State-Zip: BARRINGTON HILLS IL 60030

Title VP
Name GINES, LILIAN O
Address 9957 MOORINGS DR. SUITE 204
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name JAURIGUE, APOLLO M
Address 9957 MOORINGS DR. SUITE 204
City-State-Zip: JACKSONVILLE FL 32257

Title VP
Name ROETH, STEVEN EDWIN
Address 3230 S. BUFFALO DR.
SUITE 105
City-State-Zip: LAS VEGAS NV 89117

Title CORRESPONDING SECRETARY
Name MENIA, AMANDA
Address 3230 S. BUFFALO DR.
SUITE 104
City-State-Zip: LAS VEGAS NV 89117

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: AMANDO SILVA JR.

PRESIDENT

06/09/2015

Electronic Signature of Signing Officer/Director Detail Date