

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000046473

**Entity Name:** ACMG HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

6355 NW 36 STREET  
604  
VIRGINIA GARDENS, FL 33166

**Current Mailing Address:**

6355 NW 36 STREET  
604  
VIRGINIA GARDENS, FL 33166 US

**FEI Number:** 47-3205810

**Certificate of Status Desired:** No

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

PERTIERRA, CRISTINA  
6355 NW 36 STREET  
604  
VIRGINIA GARDENS, FL 33166 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            PRESIDENT  
Name            PERTIERRA, CRISTINA  
Address        6355 NW 36 STREET  
                  604  
City-State-Zip: VIRGINIA GARDENS FL 33166

Title            SECRETARY  
Name            FERNANDEZ, SUSAN P  
Address        6355 NW 36 STREET  
                  604  
City-State-Zip: VIRGINIA GARDENS FL 33166

*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:** CRISTINA PERTIERRA

P

03/06/2021

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

\_\_\_\_\_  
Date