

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F65001

FILED
Jan 20, 2009
Secretary of State

Entity Name: MIAMI MEDICAL GROUP, INC.

Current Principal Place of Business:

4505 W FLAGLER STREET
SUITE 101
MIAMI, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

4505 W FLAGLER STREET
SUITE 101
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 59-2174220 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JIMENEZ, JUAN
4505 W. FLAGLER ST.
SUITE 101
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: JIMENEZ, JUAN,
Address: 4505 WEST FLAGLER STREET 101
City-St-Zip: MIAMI, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: JIMENEZ, JUAN,
Address: 4505 WEST FLAGLER STREET 101
City-St-Zip: MIAMI, FL 33134

Title: SVP () Change (X) Addition
Name: JIMENEZ, GRACIELA
Address: 4505 WEST FLAGLER STREET 101
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JUAN JIMENEZ

PRES

01/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date