

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F65001

FILED  
Jan 19, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

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: JUAN JIMENEZ

PRES

01/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date