2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

DOCUMENT# L11000090937

Entity Name: 4 A MEDICAL GROUP, LLC

Current Principal Place of Business:

1820 N CORPORATE LAKES BLVD SUITE 207
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1820 N CORPORATE LAKES BLVD SUITE 207
WESTON, FL 33326

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IACHINI, ARMANDO
1820 N CORPORATE LAKES BLVD SUITE 207
WESTON, FL 33326 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: IACHINI, ARMANDO
Address: 1820 N CORPORATE LAKES BLVD SUITE 207
City-St-Zip: WESTON, FL 33326

Title: MGRM
Name: PONCE, FABIAN
Address: 1820 N CORPORATE LAKES BLVD SUITE 207
City-St-Zip: WESTON, FL 33326

Title: MGRM
Name: TORREALBA, ALEJANDRO
Address: 1820 N CORPORATE LAKES BLVD SUITE 207
City-St-Zip: WESTON, FL 33326

Title: MGRM
Name: TORREALBA, AQUILES R
Address: 1820 N CORPORATE LAKES BLVD SUITE 207
City-St-Zip: WESTON, FL 33326

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: ARMANDO IACHINI MGRM 04/17/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date