

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000060075**

1. Entity Name

AMERICAN MEDICAL GROUP, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90242 025 ***550.00

Principal Place of Business

1235 SW 7TH STREET APT. #1
MIAMI FL 33135

Mailing Address

1235 SW 7TH STREET APT. #1
MIAMI FL 33135

2. Principal Place of Business

8433 W Okeechobee Rd

Suite, Apt. #, etc.

Suite G

City & State

Hialeah Garden Fl.

Zip

33016

Country

Miami-Dade

3. Mailing Address

8433 W Okeechobee Rd

Suite, Apt. #, etc.

Suite G

City & State

Hialeah Garden Fl.

Zip

33016

Country

Miami-Dade

4. FEI Number

65-1020761

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, IBRAHIM
1235 SW 7TH STREET APT. #1
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing—
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, IBRAHIM	
STREET ADDRESS	1235 SW 7TH STREET APT. #1	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	VELAZQUEZ, DEHICY	
STREET ADDRESS	1235 SW 7TH STREET APT. #1	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2001

Date

Daytime Phone #

CR2E034 (10/00)