

FILED

May 17, 2001 8:00 am
Secretary of State

04-25-2001 90153 046 ***150.00

DOCUMENT # **000000076120**

1. Entity Name
A1 Medical Group Inc.

Principal Place of Business
**14241 SW 151 Ave
Miami, FL 33196**

Mailing Address
14241 SW 151 Ave

Suite, Apt. #, etc.
33196

City & State
Miami, FL

Country
Dade

4. FEI Number
65-1042764

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

6. Name and Address of Current Registered Agent
**Hamilton Batista
14241 SW 151 Ave
Miami, FL 33196**

7. Name and Address of New Registered Agent
**Irene Cintron
14241 SW 151 Ave
Miami, FL 33196**

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 **Hamilton Batista** **Irene Cintron** **4-17-01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: **Hamilton Batista** **4-17-01** **305-278-0729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

UNRECORDED