


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000004586</b> 1. Entity Name <b>NORTHWEST MEDICAL GROUP, INC.</b>	
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Principal Place of Business <b>3191 CORAL WAY, STE. 303 MIAMI, FL 33145</b>	Mailing Address <b>3191 CORAL WAY, STE. 303 MIAMI, FL 33145</b>
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**DO NOT WRITE IN THIS SPACE**



01162005 No Chg-P CRZE034 (11/05)

4. FEI Number <b>65-1072398</b>	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

<b>KLEIN, BRENT D 801 BRICKELL AVE., #1901 MIAMI, FL 33131</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renaming) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARMAS, JOSE 3191 CORAL WAY, STE. 303 MIAMI, FL 33145</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALARCON, EDUARDO 3191 CORAL WAY, STE. 303 MIAMI, FL 33145</b>
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03/09/06-80067-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 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 Date Daytime Phone #