FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 27, 2002 8:00 am P01000036484 DOCUMENT # Secretary of State 1. Entity Name 02-27-2002 90033 026 \*\*\*150 00 AAA MEDICAL GROUP, INC. Principal Place of Business Mailing Address 3940 WEST FLAGLER ST 2ND FLOOR SUITE 202 3940 WEST FLAGLER ST 2ND FLOOR SUITE 202 MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-10941 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERDOMO, OMAYDA 3940 WEST FLAGLER ST 2ND FLOOR SUITE 202 **MIAMI FL 33134** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE President Andres Mendez PERDOMO, OMAYDA NAME NAME 3940 west Flagler St #202 3940 WEST FLAGLER ST 2ND FLOOR SUITE 202 STREET ADDRESS STREET ADDRESS MIAMI FL 33134 CITY-ST-ZIP CITY-ST-ZIP MIAMI 33134 TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 pr Block 12 in Block 12

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF GNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

Andres Mendez