

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000036484

1. Entity Name
AAA MEDICAL GROUP, INC.



FILED
Oct 25, 2004 8:00 A.M.
Secretary of State

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.

City & State

City & State

Zip

Country

Zip

Country

10252004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1094133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRVEBA, HECTOR
3940 WEST FLAGLER ST
2ND FLOOR STE 202
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name - Orlando A. Almanza
Street Address (P.O. Box Number is Not Acceptable)
3940 WEST FLAGLER street
2nd Floor Suite 202
City Miami FL Zip Code 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/25/04

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME TRVEBA, HECTOR
STREET ADDRESS 3940 WEST FLAGLER ST 2ND FLOOR SUITE 202
CITY-ST-ZIP MIAMI, FL 33134

TITLE VPD ☒ Delete
NAME GARCES, MAGDIEL
STREET ADDRESS 3940 WEST FLAGLER ST #202
CITY-ST-ZIP MIAMI, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME Orlando A. Almanza
STREET ADDRESS 3940 W Flagler St 2nd Flr Ste 202
CITY-ST-ZIP Miami FL 33134

TITLE VPD ☒ Change ☐ Addition
NAME Hector Trueba
STREET ADDRESS 3940 W. Flagler St. 2nd Flr Ste 202
CITY-ST-ZIP Miami FL 33134

TITLE SD ☒ Change ☐ Addition
NAME Magdiel Garces
STREET ADDRESS 3940 W Flagler St. 2nd Flr Ste 202
CITY-ST-ZIP Miami FL 33134

TITLE ☐ Change ☐ Addition
NAME 100042283821
STREET ADDRESS 10/28/04--01046--004 **\$1.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

President

10/25/04

(305) 774-5707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #