

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000033679

Entity Name: LIBERTY MEDICAL GROUP, INC.

FILED
Oct 07, 2005
Secretary of State

Current Principal Place of Business:

1800 S.W. 27 TH. AVENUE
SUITE 503
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1800 S.W. 27 TH. AVENUE
SUITE 503
MIAMI, FL 33135

New Mailing Address:

FEI Number: 06-1683971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ-DOMINGUEZ, EVARISTO J
1800 S.W. 27 TH. AVENUE
SUITE 503
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

MARINO, JORGE L
1800 S.W. 27 TH. AVENUE
SUITE 503
MIAMI, FL 33135 US

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: JORGE L. MARINO

10/07/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEREZ-DOMINGUEZ, EVARISTO J
Address: 1800 S.W. 27TH. AVENUE, STE. 503
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MARINO, JORGE L
Address: 1800 S.W. 27TH. AVENUE, STE. 503
City-St-Zip: MIAMI, FL 33135

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE L. MARINO

PRES

10/07/2005

Electronic Signature of Signing Officer or Director

Date