

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90041 012 ***150.00

DOCUMENT # **P03000056792**

1. Entity Name

Community Medical Group, Inc.



DO NOT WRITE IN THIS SPACE

94058639

2. Principal Place of Business

4765 West 8 Avenue

3. Mailing Address

520 NW 127 Avenue

Suite, Apt. #, etc.

3rd Floor

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hialeah, Florida

City & State

Miami, Florida

4. FEI Number

34-1979365

☒ Applied For
☐ Not Applicable

Zip

33012

Country

Miami-DADE

Zip

33182

Country

Miami-DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *MARIA A. Morales*

Street Address (P.O. Box Number is Not Acceptable)

520 NW 127 Ave.

520 NW 127 Ave.

City *Hialeah*

FL

Zip Code *33182*

**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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/15/04

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *MARIA Morales*
STREET ADDRESS *520 NW 127 Avenue*
CITY-ST-ZIP *Miami, Florida 33182*

TITLE *VP*
NAME *MARIO Pelaez*
STREET ADDRESS *20000 NW 57 Ct.*
CITY-ST-ZIP *Miami, FL 33015*

TITLE *Treasurer*
NAME *Annetie Chavez*
STREET ADDRESS *520 NW 127 Ave.*
CITY-ST-ZIP *Miami, Florida 33182*

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

DATE

305.710-1474

Daytime Phone #

CR2E034B (12/02)