

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056792

Entity Name: COMMUNITY MEDICAL GROUP, INC.

FILED
Apr 04, 2005
Secretary of State

Current Principal Place of Business:

4765 WEST 8 AVE.
HIALEAH, FL 33012

New Principal Place of Business:

4765 WEST 8 AVE.
SUITE 300A
HIALEAH, FL 33012

Current Mailing Address:

520 NW 127 AVE
MIAMI, FL 33182

New Mailing Address:

4765 WEST 8 AVENUE
SUITE 300A
HIALEAH, FL 33012

FEI Number: 34-1979365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, MARIA
520 NW 127 AVE
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

MORALES, MARIA
4765 WEST 8 AVENUE
SUITE 300A
HIALEAH, FL 33012 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: MARIA A. MORALES

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T (X) Delete
Name: CHAVEZ, ANNETTE
Address: 520 NW 127 AVE
City-St-Zip: MIAMI, FL 33182

Title: P () Delete
Name: MORALES, MARIA
Address: 520 NW 127 AVE
City-St-Zip: MIAMI, FL 33182

Title: VP (X) Delete
Name: PELAEZ, MARIO
Address: 20020 NW 57 CT.
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MORALES, MARIA
Address: 4765 WEST 8TH AVENUE SUITE 300A
City-St-Zip: HIALEAH, FL 33012

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA A. MORALES

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04/04/2005

Electronic Signature of Signing Officer or Director

Date