2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056792

City-St-Zip:

Entity Name: COMMUNITY MEDICAL GROUP, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4765 WEST 8 AVE. SUITE 300A HIALEAH, FL 33012 **New Mailing Address: Current 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: 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MORALES, MARIA Name: Name: 4765 WEST 8TH AVENUE SUITE 300A Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: MORALES, MARIA Address: Address: 4765 WEST 8TH AVENUE

City-St-Zip:

HIALEAH, FL 33012 MD

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 MORALES PRES 04/30/2006