


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90068 019 ***150.00

DOCUMENT # P03000082433 1. Entity Name AMBASSADOR MEDICAL GROUP INC.	
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Principal Place of Business 6447 MIAMI LAKES DR. EAST, SUITE 203 MIAMI LAKES, FL 33014	Mailing Address 6447 MIAMI LAKES DR. EAST, SUITE 203 MIAMI LAKES, FL 33014
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03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0122258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, RACIEL 938 W. 37 TERR. HIALEAH, FL 33012

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GARCIA, RACIEL <i>8802 NW. 109 Terr. Hialeah Gardens FL 33018</i>
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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:  **3/28/05** **305-3891072**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #