

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000059853

FILED
May 09, 2007
Secretary of State

Entity Name: COURTESY MEDICAL GROUP INC.

Current Principal Place of Business:

1175 NE 125TH ST., STE. #409
NORTH MIAMI, FL 33165

New Principal Place of Business:

1175 NE 125TH ST, STE. #409
NORTH MIAMI, FL 33165

Current Mailing Address:

1175 NE 125TH ST., STE. #409
NORTH MIAMI, FL 33165

New Mailing Address:

FEI Number: 20-0994014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONSECA, ARTURO
1175 NE 125TH STREET
SUITE 409
NORTH MIAMI, FL 33163 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CAYRO, TERESA
Address: 1175 NE 125TH STREET, SUITE 409
City-St-Zip: NORTH MIAMI, FL 33163

Title: D () Delete
Name: CAYRO, TERESA
Address: 1175 NE 125TH ST., STE 409
City-St-Zip: NORTH MIAMI, FL 33165

Title: VP () Delete
Name: FONSECA, ARTURO
Address: 1175 NE 125TH ST., STE. #409
City-St-Zip: NORTH MIAMI, FL 33165

Title: D () Delete
Name: PALMA, BLANCA I D
Address: 1175 NE 125TH ST # 409
City-St-Zip: NORTH MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: FONSECA, ARTURO
Address: 1175 NE 125TH STREET, SUITE 409
City-St-Zip: NORTH MIAMI, FL 33163

Title: D (X) Change () Addition
Name: FONSECA, ARTURO
Address: 1175 NE 125TH ST., STE 409
City-St-Zip: NORTH MIAMI, FL 33165

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ARTURO FONSECA

P

05/09/2007

Electronic Signature of Signing Officer or Director

Date