


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90022 013 \*\*\*150.00

<b>DOCUMENT # P04000071848</b> 1. Entity Name <b>AMERIHEALTH MEDICAL GROUP, INC.</b>					
Principal Place of Business <b>13985 SW 140 ST</b> <b>MIAMI, FL 33186 US</b>			Mailing Address <b>13985 SW 140 ST</b> <b>MIAMI, FL 33186 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country			
4. FEI Number <b>51-0508049</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>MONTES, ROBERT L JR</b> <b>10161 SW 138 COURT</b> <b>MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MONTES, ROBERT L JR</b> <b>10161 SW 138 COURT</b> <b>MIAMI, FL 33186</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Medina, Rolando L Jr</b> <b>12901 SW 197th St</b> <b>Miami, FL 33177</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MEDINA, ROLANDO L JR</b> <b>1131 SW 138 COURT</b> <b>MIAMI, FL 33184</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>8/11/06</b> Daytime Phone #		

66022799



ATTACHMENT

July 6, 2006

66022799

Gentlemen:

#P8/000071848

It is evident that original post card was either lost in mail or misplaced in our office. This is a new small business which pays its obligations on time. Enclosed find our check #1465 in payment of our annual report. Amount \$150.- We assure you that this delay will not happen again. Your cooperation to this matter will be greatly appreciated.

Cordially

Amerihealth Medical Group, Inc.