

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000055770

FILED
Jan 08, 2012
Secretary of State

Entity Name: MIAMI COMPREHENSIVE MEDICINE GROUP PA

Current Principal Place of Business:

540 BRICKELL KEY DRIVE
1805
MIAMI, FL 33131

New Principal Place of Business:

4685 PONCE DE LEON BLVD
CORAL GABLES, FL 33146

Current Mailing Address:

540 BRICKELL KEY DRIVE
1805
MIAMI, FL 33131

New Mailing Address:

4685 PONCE DE LEON BLVD
CORAL GABLES, FL 33146

FEI Number: 42-2546586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, HEATHER L
540 BRICKELL KEY DRIVE
1805
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MASON, HEATHER L M.D.
4685 PONCE DE LEON BLVD
CORAL GABLES, FL 33146 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: HEATHER L MASON

01/08/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: MASON, HEATHER L
Address: 4685 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

Title: DR.
Name: GOMES, HILTON R
Address: 4685 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: HILTON R GOMES

DR.

01/08/2012

Electronic Signature of Signing Officer or Director

Date