

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000057870

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** ACCOUNTABLE CARE MEDICAL GROUP OF FLORIDA, INC.

**Current Principal Place of Business:**

7210 SUNSET ROAD  
206 C  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

5200 BLUE LAGOON DRIVE  
100  
MIAMI, FL 33126

**Current Mailing Address:**

7210 SUNSET ROAD  
206 C  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

5200 BLUE LAGOON DRIVE  
100  
MIAMI, FL 33126

**FEI Number:** 45-2594636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERTIERRA, CRISTINA  
7210 SUNSET ROAD  
206 C  
SOUTH MIAMI, FL 33143 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: PRES  
Name: WARD, JOHN  
Address: 5200 BLUE LAGOON DR.  
City-St-Zip: MIAMI, FL 33126

Title: VP  
Name: PERTIERRA, CHRISTINA  
Address: 5200 BLUE LAGOON DR. SUITE 100  
City-St-Zip: MIAMI, FL 33126

Title: SEC.  
Name: DUPUY, EVALDO  
Address: 5200 BLUE LAGOON DR. SUITE 100  
City-St-Zip: MIAMI, FL 33126

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: EVALDO DUPUY

SEC

01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date