FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042481 (9)**

1. Corporation Name
AMERICAN MEDICAL INFORMATION GROUP, INC.

Principal Place of Business	Mailing Address
5545 S.W. 8TH ST. SUITE 101 MIAMI FL 33134	5545 S.W. 8TH ST. SUITE 101 MIAMI FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 15529 Bull Run Rd.
Suite, Apt. #, etc.
22 # 2
City & State
23 MIAMI LAKES, FL
Zip 24 33014 County 25 U.S.A.

2a. Mailing Address
26 15529 Bull Run Rd.
Suite, Apt. #, etc.
27 # 2
City & State
28 MIAMI LAKES, FL
Zip 29 33014 Country 30 U.S.A.

4. FEI Number: 65-0508080 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHVARZER, ALBERTO
5545 S.W. 8TH ST.
SUITE 101
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: GARBER, MIGUEL
82 Street Address (P.O. Box Number is Not Acceptable): 21150 N.E. 3RD AVENUE
83
84 City: North MIAMI Beach FL 85 Zip Code: 33179

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	DELETE	☐ Change ☐ Addition
NAME	SCHVARZER, ALBERTO	1.2 NAME		
STREET ADDRESS	5545 S.W. 8TH ST. #101	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP		
TITLE	SVD	2.1 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	GARBER, MIGUEL	2.2 NAME	GARBER, MIGUEL	
STREET ADDRESS	5545 S.W. 8TH ST. #101	2.3 STREET ADDRESS	21150 N.E. 3RD Avenue	
CITY-ST-ZIP	MIAMI FL 33134	2.4 CITY-ST-ZIP	North Miami Beach, Florida 33179	
TITLE		3.1 TITLE	SVD	☐ Change ☒ Addition
NAME		3.2 NAME	IGNACIO RODRIGUEZ	
STREET ADDRESS		3.3 STREET ADDRESS	15529 BULL RUN RD	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 3-15-95 305-557-2454
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0130670 CP