FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000042481

1. Corporation Name

American Medical Information Group Inc.

Principal Place of Business	Mailing Address
15529 Bull Run Rd. Suite 2 Miami Lakes, FL 33014	15529 Bull Run Rd. Suite 2 Miami Lakes, FL 33014

3. Date Incorporated or Qualified: 6/3/94
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3388 NE 169 St.	26 3388 NE 169 St.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: N. Miami Beach, FL	28 City & State: N. Miami Beach, FL
24 Zip: 33160 25 Country: USA	29 Zip: 33160 30 Country: USA

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Miguel Garber
21150 NE 3 Ave.
N. Miami Beach, FL 33179

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3388 NE 169 St.

83

84 City: N. Miami Beach FL 85 Zip Code: 33160

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: x Miguel Garber, President x DATE

(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	S,V,P ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	Rodriguez, Ignacio	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	* 15700 NW 67th Avenue # 201
CITY-ST-ZIP		1.4 CITY-ST-ZIP	* Miami Lakes FL 33014
TITLE	P ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	Garber, Miguel	2.2 NAME	
STREET ADDRESS	21150 NE 3 Ave.	2.3 STREET ADDRESS	3388 NE 169 St.
CITY-ST-ZIP	N. Miami Beach, FL 33179	2.4 CITY-ST-ZIP	N. Miami Beach, FL 33160
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4/22/97

800002152405
-04/23/97--01091--032
***165.00

CR2E034 (9/96)

14. I further certify that the information supplied with this filing 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, added, or deleted.

SIGNATURE: x Miguel Garber x 305-948-3846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #