

# 2000-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90080 026 \*\*\*158.75

DOCUMENT # P94000042481

1. Entity Name  
**AMERICAN MEDICAL INFORMATION GROUP, INC.**

Principal Place of Business

Mailing Address

**NE 169 ST.  
 MIAMI BEACH FL 33160**

**3388 NE 169 ST.  
 N. MIAMI BEACH FL 33160-3068  
 US**

2. Principal Place of Business

3. Mailing Address

**16300 NE 19th Ave  
 Suite, Apt. #, etc.  
 # 235**

**16300 NE 19th Avenue  
 Suite, Apt. #, etc.  
 # 235**

**City & State  
 South Miami Beach, FL 33162  
 Zip  
 33162  
 Country  
 USA**

**City & State  
 North Miami Beach FL  
 Zip  
 33162  
 Country  
 USA**

4. FEI Number **65-0508080**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GARBER, MIGUEL  
 3388 NE 169 ST.  
 NORTH MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	SVD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, IGNACIO	
STREET ADDRESS	15700 NW 67TH AVENUE #201	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARBER, MIGUEL	
STREET ADDRESS	15700 NW 67TH AVENUE #201	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Miguel Garber, President**

Date

Daytime Phone #

**3-6-2000 305-945-3009**

CR2E034 (9/99)