2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000042481** 1. Entity Name AMERICAN MEDICAL INFORMATION GROUP, INC. Principal Place of Business Mailing Address ---- NE 169 ST. 3388 NF 169 ST. N. MIAMI BEACH FL 33160-3068 MIAMI BEACH FL 33160 3 th Avenue Principal Place of Business Mailing Address 300 NE 300 NB ite, Apt. #, etc. A2

6. Name and Address of Current Registered

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

OFFICERS AND DIRECTORS

GARBER, MIGUEL

3388 NE 169 ST.

SIGNATURE

TITLE

NAME

TITLE

NAME

NAME

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

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NORTH MIAMI BEACH FL 33160

9. This corporation is eligible to satisfy its Intangible

RODRIGUEZ, IGNACIO

MIAMI LAKES FL 33014

MIAMI LAKES FL 33014

.15700 NW 67TH AVENUE #201

GARBER, MIGUEL

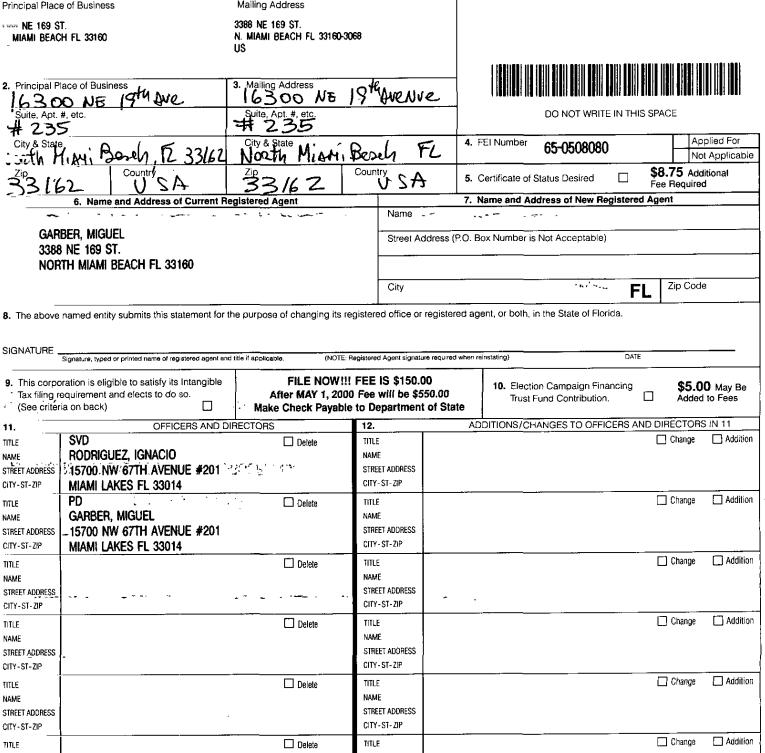
Tax filing requirement and elects to do so.

(See criteria on back)

SVD

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

03-08-2000 90080 026 ***158.75



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 with an address, with all other like empowered

CITY-ST-ZIP

Name - -

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

NAME

NAME

TITLE

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NAME

STREET ADDRESS CITY-ST-ZIP

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