

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042481

FILED
Apr 01, 2004
Secretary of State

Entity Name: AMERICAN MEDICAL INFORMATION GROUP, INC.

Current Principal Place of Business:

16300 NE 19TH AVE
#235
MIAMI, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

16300 NE 19TH AVE
#235
MIAMI, FL 33162 US

New Mailing Address:

FEI Number: 65-0508080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARBER, MIGUEL
16300 NE 19TH AVE
STE 235
MIAMI, FL 33162 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVD () Delete
Name: RODRIGUEZ, IGNACIO
Address: 15700 NW 67TH AVENUE #201
City-St-Zip: MIAMI LAKES, FL 33014

Title: PD () Delete
Name: GARBER, MIGUEL
Address: 15700 NW 67TH AVENUE #201
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Delete
Name: PONCELIZ, SEBASTIAN
Address: 16300 N.E. 19TH AVENUE, ST 235
City-St-Zip: MIAMI, FL 33165

Title: V () Delete
Name: SCHVARZER, ALBERTO
Address: 16300 NE 19TH AVE, SUITE 235
City-St-Zip: MIAMI, FL 33162 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARCELO, ERLITZ
Address: 16300 N.E. 19TH AVENUE, ST 235
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MIGUEL GARBER

PD

04/01/2004

Electronic Signature of Signing Officer or Director

Date