

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000042481

FILED  
Apr 15, 2006  
Secretary of State

Entity Name: AMERICAN MEDICAL INFORMATION GROUP, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

2050 NE 163 STREET  
MIAMI, FL 33162 US

## Current Mailing Address:

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

## New Mailing Address:

2050 NE 163 STREET  
MIAMI, FL 33162 US

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 A  
MIAMI, FL 33162 US

## Name and Address of New Registered Agent:

GARBER, MIGUEL  
2050 NE 163 STREET  
MIAMI, FL 33162 US

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: MIGUEL GARBER

04/15/2006

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: 16300 NE 19TH AVE SUITE A  
City-St-Zip: NMB, FL 33162

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: GARBER, MIGUEL  
Address: 2050 NE 163 STREET  
City-St-Zip: NMB, FL 33162

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

Title: V (X) Change ( ) Addition  
Name: SCHVARZER, ALBERTO  
Address: 2050 NE 163 STREET  
City-St-Zip: MIAMI, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/15/2006

Electronic Signature of Signing Officer or Director

Date