

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000012678

Entity Name: NEW MEDICAL GROUP, INC.

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4001 NW 97TH AVE  
101  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

4001 NW 97TH AVE  
101  
MIAMI, FL 33178

**New Mailing Address:**

4001 NW 97 AVE  
101  
MIAMI, FL 33178

FEI Number: 65-0672086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZAPATA, SANTIAGO Z PDTE  
4001 NW 97 AVE  
SUITE 101  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

ZAPATA, LEDIA M PDTE  
9779 NW 32 ST  
MIAMI, FL 33172 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: LEDIA M ZAPATA

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PDTE  
Name: ZAPATA, LEDIA M PDTE  
Address: 9779 NW 32 ST  
City-St-Zip: MIAMI, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: LEDIA M. ZAPATA

PDTE

03/20/2012

Electronic Signature of Signing Officer or Director

Date