2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90174 015 ***150.00

DOCUMENT # P96000012678

1. Entity Name
NEW MEDICAL GROUP, INC.

Principal Place of Business
4150 NW 7TH ST, #207A
MIAMI, FL 33126

Mailing Address
NEW MEDICAL GROUP
P O BOX 45-4105
MIAMI, FL 33245

2. Principal Place of Business: 4001 NW 97 Ave.
Suite, Apt. #, etc.: 101
City & State: MIAMI, FL
Zip: 33178 Country:

3. Mailing Address: 4001 NW 97 AVE.
Suite, Apt. #, etc.: 101
City & State: MIAMI, FL
Zip: 33178 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0672086 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARRAL, MARIO R
10860 S.W. 67 DRIVE
MIAMI, FL 33173

7. Name and Address of New Registered Agent
Name: Santiago Zapata
Street Address (P.O. Box Number Is Not Acceptable): 9779 NW 32 st.
City: MIAMI FL Zip Code: 33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: SANTIAGO ZAPATA 05-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
ARA: MAY 1 2003 - $1 Filing fee $50.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAPATA, SANTIAGO 4150 NW 7ST #207A MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANTIAGO ZAPATA 05-21-03 305-5104848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)