

**04 FOR PROFIT CORPORATION
ANNUAL REPORT**

9/27/2004-90002-010-\$150.00-\$150.00

APPROVED
AND
FILED

04 OCT 25 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT # P97000071022

Entity Name

PACIFIC MEDICAL GROUP, INC.



Principal Place of Business

9664 SW 24 ST.
MIAMI, FL 33165 US

Mailing Address

9664 SW 24 ST.
MIAMI, FL 33165 US

DO NOT WRITE IN THIS SPACE



09172004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0777978

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COUTO, JUAN
9664 CORAL WAY
MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD.
NAME COUTO, JUAN
STREET ADDRESS 9664 CORAL WAY
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-10-04 305 225 7766