2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 22, 2013
Secretary of State
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Entity Name: NEW MEDICAL INSTITUTE INC

Current Principal Place of Business:

900 W. 49TH ST.
SUITE 308
HIALEAH, FL 33012

Current Mailing Address:

900 W. 49TH ST.
SUITE 308
HIALEAH, FL 33012

FEI Number: 45-4654940

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PREVOST VELAZQUEZ, ADONIS
900 W. 49TH ST.
SUITE 308
HIALEAH, FL 33012 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: ADONIS PREVOST VELAZQUEZ 07/22/2013

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	PREVOST VELAZQUEZ, ADONIS
Address	900 W. 49TH ST, SUITE 308
City-State-Zip:	HIALEAH FL 33012

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: ADONIS PREVOST VELAZQUEZ PD 07/22/2013

Electronic Signature of Signing Officer/Director Detail — Date