

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094846

Entity Name: HEALTHCHOICE MEDICAL GROUP, INC.

Current Principal Place of Business:

207 N. KROME AVE.
HOMESTEAD, FL 33030

Current Mailing Address:

207 N. KROME AVE.
HOMESTEAD, FL 33030

FEI Number: 65-0875085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, REYNALDO
207 N. KROME AVE.
HOMESTEAD, FL 33030 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name PEREZ, REYNALDO
Address 207 N. KROME AVE.
City-State-Zip: HOMESTEAD FL 33030

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: REYNALDO PEREZ

P

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date