

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000133**

1. Entity Name  
**AME MANAGEMENT ASSOCIATES, L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 17 AM 10:02



Principal Place of Business C/O CARDONA MEDICAL CENTER, INC. 861 S.W. 8TH STREET MIAMI FL 33130	Mailing Address C/O CARDONA MEDICAL CENTER, INC. 861 S.W. 8TH STREET MIAMI FL 33130
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2. Principal Place of Business <b>CARDONA Medical Center, Inc</b> Suite, Apt. #, etc. <b>1390 N.W 7 St</b>	3. Mailing Address <b>CARDONA Medical Center, Inc</b> Suite, Apt. #, etc. <b>1390 N.W 7 St</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>Miami FL</b>	City & State <b>Miami FL</b>	4. FEI Number <b>65-0814956</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33125</b>	Country <b>Mia. Dade</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent  
**FELUREN, MARK S**  
**ONE FINANCIAL PLAZA, SUITE 1500**  
**FORT LAUDERDALE FL 33394**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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.  
**ANTONIO I. CARDONA, JR, M.D. / EDUARDO FERNANDEZ M.D.**  
SIGNATURE *[Signature]* DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**300003369999--3**  
**-08/23/00--01092--015**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AMERICA CORPORATION</b> <b>2281 S.W. 27TH AVENUE</b> <b>MIAMI FL 33145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AMERICA'S CLINIC, INC.</b> <b>2545 N.W. 20 STREET</b> <b>MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARDONA Medical Center, Inc</b> <b>1390 N.W 7 St</b> <b>Miami FL 33125</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **ANTONIO I. CARDONA, JR, M.D. / EDUARDO FERNANDEZ M.D.** *[Signature]* DATE: **8/3/00** DAYTIME PHONE #: **305 548-3301**

CR2E083 (5/00)