

2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM ACT

DOCUMENT # L98000000133

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

FILED

01 JAN 29 PM 4:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business CARDONA MEDICAL CENTER, INC. 1390 N.W. 7TH ST. MIAMI FL 33125	Mailing Address CARDONA MEDICAL CENTER, INC. 1390 N.W. 7TH ST. MIAMI FL 33125
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

4. FEI Number 65-0814956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMERICA CORPORATION 2281 S.W. 27TH AVENUE MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMERICA'S CLINIC, INC. 2545 N.W. 20 STREET MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARDONA MEDICAL CENTER, INC. 1390 N.W. 7TH STREET MIAMI FL 33125	<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	NO LONGER OPEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003631640--4 -02/02/01--01132--017 *****50.00 *****50.00	<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
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.

ANTONIO J CARDONA JR, M.D **Eduardo Fernandez Pupo M.D**

SIGNATURE: *[Signature]* **1-22-01** **305-548-3301**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)