

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

APPROVED
AND
FILED

95 FEB 16 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1994-1995

DOCUMENT # **N31532 (7)**

1. Corporation Name
MIAMI MEDICAL TEAM FOUNDATION, INC.

Mailing Address
***ALBORNOZ AND SEGREDO
P. O. BOX 145180
CORAL GABLES FL 33134**

Principal Place of Business
***ALBORNOZ AND SEGREDO
P. O. BOX 145180
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/06/1990	3a. Date of Last Report 05/12/1993
4. FEI Number 65-0147586	Applied For Not Applicable
5. Certificate of Status Desired 30753 Additional Fees Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address		2a. Principal Place of Business	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent

**MIAMI MEDIAL TEAM FOUNDATION, INC.
13900 S.W. 27TH AVENUE
MIAMI, 33145**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/D
1.2 NAME	ALZUGARAY, MANUEL, M.D.
1.3 STREET ADDRESS	1797 CORAL WAY
1.4 CITY - ST - ZIP	MIAMI FL
2.1 TITLE	V/S/D
2.2 NAME	SOLER, MARIO A. M.D.
2.3 STREET ADDRESS	1300 SW 27TH AVE
2.4 CITY - ST - ZIP	MIAMI FL
3.1 TITLE	T/D
3.2 NAME	CASTILLO, ESTEBAN VALDES
3.3 STREET ADDRESS	33 PALERMO AVE
3.4 CITY - ST - ZIP	CORAL GABLES FL
4.1 TITLE	D
4.2 NAME	ALEXIS, ABRIL, M.D.
4.3 STREET ADDRESS	2645 SW 37TH AVE #704
4.4 CITY - ST - ZIP	MIAMI FL
5.1 TITLE	D
5.2 NAME	BASSAS, ENRIQUE, R.N.
5.3 STREET ADDRESS	555 NW 136TH ST
5.4 CITY - ST - ZIP	N MIAMI FL
6.1 TITLE	D
6.2 NAME	FERRER, OLGA M.D.
6.3 STREET ADDRESS	1889 S BAYSHORE DR
6.4 CITY - ST - ZIP	MIAMI FL

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	100001408501
2.2 NAME	-02/16/95--01114--028
2.3 STREET ADDRESS	***200.00 ***200.00
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	OLGA
6.3 STREET ADDRESS	2-16
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Manuel Alzugaray VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-95 *(800) 916-7207*
Date Telephone Number