

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31532 (7)

1. Corporation Name  
**MIAMI MEDICAL TEAM FOUNDATION, INC.**



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

3. Date Incorporated or Qualified **04/06/1989** 3a. Date of Last Report **02/16/1995**

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

4. FEI Number **65-0147586** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MIAMI MEDIAL TEAM FOUNDATION, INC.  
13900 S.W. 27TH AVENUE  
MIAMI, FL 33145**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALZUGARAY, MANUEL, M.D.	
STREET ADDRESS	1797 CORAL WAY	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SOLER, MARIO A. M.D.	
STREET ADDRESS	1300 SW 27TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CASTILLO, ESTEBAN VALDES	
STREET ADDRESS	33 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXIS, ABRIL, M.D.	
STREET ADDRESS	2645 SW 37TH AVE #704	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BASSAS, ENRIQUE, R.N.	
STREET ADDRESS	555 NW 136TH ST	
CITY-ST-ZIP	N MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRER, OLGA M.D.	
STREET ADDRESS	1889 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mortham* Vice-President 1-24-96 (305) 856-7207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)