

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

%ALBORNOZ AND SEGREDO
P. O. BOX 145180
CORAL GABLES FL 33114-5180

3. Date Incorporated or Qualified
04/06/1989

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0147586

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

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

81 Name ANA M. RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

566 E 38 ST

83 HIALEAH, FL

84 City

FL

85 Zip Code 33013

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

Ana M. Rodriguez

ANA M. RODRIGUEZ

1-7-97

Signature, typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ALZUGARAY, MANUEL, M.D.
STREET ADDRESS 1797 CORAL WAY
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VSD
NAME SOLER, MARIO A. M.D.
STREET ADDRESS 1300 SW 27TH AVE
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME CASTILLO, ESTEBAN VALDES
STREET ADDRESS 33 PALERMO AVE
CITY-ST-ZIP CORAL GABLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME ALEXIS, ABRIL, M.D.
STREET ADDRESS 2645 SW 37TH AVE #704
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BASSAS, ENRIQUE, R.N.
STREET ADDRESS 555 NW 136TH ST
CITY-ST-ZIP N MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME FERRER, OLGA M.D.
STREET ADDRESS 1889 S BAYSHORE DR
CITY-ST-ZIP MIAMI FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028188

CR2E037 (9/96)