

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31532

1. Entity Name

MIAMI MEDICAL TEAM FOUNDATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90100 036 ****61.25

Principal Place of Business Mailing Address
 *ALBORNOZ AND SEGREDO *ALBORNOZ AND SEGREDO
 P. O. BOX 145180 P. O. BOX 145180
 CORAL GABLES FL 33134 CORAL GABLES FL 33114-5180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1340 CORAL WAY 1340 CORAL WAY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MIAMI, FL MIAMI, FL
 Zip Country Zip Country
 33145 U.S.A. 33145 U.S.A.

4. FEI Number Applied For
 65-0147586 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 A.M.A.
 RODRIGUEZ, ANA M
 686 E 32ND ST
 HIALEAH FL 33013

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 *Ana M. Rodriguez* DATE 1-19-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PRESIDENT, COB, DIRECTOR NAME: STREET ADDRESS: 1340 CORAL WAY CITY-ST-ZIP: MIAMI, FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE PRESIDENT, TREASURER, DIRECTOR NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE TREASURER, DIRECTOR NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE PRESIDENT, DIRECTOR NAME: STREET ADDRESS: 2601 SW 37 AVE, SUITE 907 CITY-ST-ZIP: MIAMI, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SECRETARY, DIRECTOR NAME: ENRIQUE CEPERO, DDS STREET ADDRESS: 7921 S.W. 40 ST, STE. 45 CITY-ST-ZIP: MIAMI FL 33173	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VICE SECRETARY, DIRECTOR NAME: LUIS H. SERENTILL, M.D. STREET ADDRESS: 711 NW 23 AVE, STE. 201 CITY-ST-ZIP: MIAMI, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
 1-19-2000

SIGNATURE: *MANUEL A. ALZUGARAY, M.D.* DATE: (305) 858-7992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

CR2E037 (9/99)