


ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N31532				
1. Entity Name MIAMI MEDICAL TEAM FOUNDATION, INC.				
Principal Place of Business 2340 CORAL WAY MIAMI FL 33145 US		Mailing Address 2340 CORAL WAY MIAMI FL 33145 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0147586 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
6. Name and Address of Current Registered Agent RODRIGUEZ, ANA M 666 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ALZUGARAY, MANUEL, M.D.		NAME	1100000416033
STREET ADDRESS	2340 CORAL WAY		STREET ADDRESS	02/11/06-80108-019 61.25
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SOLER, MARIO A. M.D.		NAME	
STREET ADDRESS	1300 SW 27TH AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CASTILLO, ESTEBAN VALDES		NAME	
STREET ADDRESS	33 PALERMO AVE		STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	ALEXIS, ABRIL, M.D.		NAME	
STREET ADDRESS	2601 SW 37 AVE STE 907		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33133		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CEPERO, ENRIQUE		NAME	
STREET ADDRESS	7921 SW 40 ST STE 45		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173		CITY-ST-ZIP	
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SERENTILL, LUIS H		NAME	
STREET ADDRESS	711 NW 13 AVE STE 201		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP	



1st MOORE CR2E037 (10/05)

4. FEI Number **65-0147586** Applied For Not Applied

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *MARIO A SOLER M D* **1-30-06** **315-643-00**