

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31532

FILED  
Jan 31, 2009  
Secretary of State

Entity Name: MIAMI MEDICAL TEAM FOUNDATION, INC.

**Current Principal Place of Business:**

2340 CORAL WAY  
MIAMI, FL 33145 US

**New Principal Place of Business:**

**Current Mailing Address:**

2340 CORAL WAY  
MIAMI, FL 33145 US

**New Mailing Address:**

FEI Number: 65-0147586      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ, ANA M  
666 E 32ND ST  
HIALEAH, FL 33013 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: ALZUGARAY, MANUEL, M. .D.  
Address: 2340 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

Title: VTD ( ) Delete  
Name: SOLER, MARIO A. M.D.,  
Address: 1300 SW 27TH AVE  
City-St-Zip: MIAMI, FL

Title: VTD ( ) Delete  
Name: CASTILLO, ESTEBAN VA, LDES  
Address: 33 PALERMO AVE  
City-St-Zip: CORAL GABLES, FL

Title: VD ( ) Delete  
Name: ALEXIS, ABRIL, M.D.,  
Address: 2601 SW 37 AVE STE 907  
City-St-Zip: MIAMI, FL 33133

Title: SD ( ) Delete  
Name: CEPERO, ENRIQUE  
Address: 7921 SW 40 ST STE 45  
City-St-Zip: MIAMI, FL 33173

Title: VSD ( ) Delete  
Name: SERENTILL, LUIS H  
Address: 711 NW 13 AVE STE 201  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL ALZUGARAY MD

PCD

01/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date