

FILE NOW: FILING FEE IS \$61.25

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Jul 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005540 (8)**

1. Corporation Name

**MIAMI MEDICAL WOMEN'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O DIANA GALINDO, M.D.  
7251 SW 133 TERRACE  
MIAMI FL 33156

C/O DIANA GALINDO, M.D.  
7251 SW 133 TERRACE  
MIAMI FL 33156-6831

3. Date Incorporated or Qualified <b>11/20/1995</b>	3a. Date of Last Report <b>06/24/1996</b>
4. FEI Number <b>APPLIED FOR 65-0673499</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALINDO, DIANA  
7251 SW 133 TERRACE  
MIAMI FL 33156**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVIS, SILVINA</b>	1.2 NAME	
STREET ADDRESS	<b>7520 SW 72 CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALINDO, DIANA</b>	2.2 NAME	
STREET ADDRESS	<b>7251 SW 133 CT.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLASSBERG, MARILYN</b>	3.2 NAME	
STREET ADDRESS	<b>2001 LAKE AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUNSET ISLAND FL 33140</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERNAU, LINDA MD</b>	4.2 NAME	
STREET ADDRESS	<b>4301 ALTON RD. 3820</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BCH. FL 33140</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZEN, JUDITH MD</b>	5.2 NAME	<b>KATZEN, JUDITH MD</b>
STREET ADDRESS	<b>11036 MONFERO ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33156</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KADE, KAREN MD</b>	6.2 NAME	
STREET ADDRESS	<b>7000 SW 97TH AVE.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	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]* **KATZEN, JUDITH MD**

**7/25/97 305-535-3311**

CR2E037 (9/96)