

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00869 (2)

1. Corporation Name

MEDICAL FRATERNITY OF 1948, INC.



Principal Place of Business

Mailing Address

**6910 LEONARDO ST
CORAL GABLES FL 33146
US**

**6910 LEONARDO ST
CORAL GABLES FL 33146
US**

3. Date Incorporated or Qualified
07/07/1989

3a. Date of Last Report
02/01/1995

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

29 Zip

30 Country

4. FEI Number

65-0265489

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$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

**MARRERO, EMILIO N.
6910 LEONARDO ST.
CORAL GABLES FL 33146**

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE

NAME **PC
MARRERO, EMILIO N.
6910 LEONARDO ST.
CORAL GABLES FL 33146**

TITLE ☐ DELETE

NAME **V
MAS, ILDEFONSO R.
3659 S. MIAMI AVE.
MIAMI FL**

TITLE ☐ DELETE

NAME **S
KREDI, RAMON
3661 S. MIAMI AVE.
MIAMI FL**

TITLE ☐ DELETE

NAME **T
HORTA, RICARDO G.
8356 SW 58TH ST.
MIAMI FL**

TITLE ☐ DELETE

NAME **M
SANCHEZ, RENE T.
1290 NE 83RD ST.
MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME ☐ Change ☒ Addition

NAME **M
Martinez, Gerardo H., M.D.
10352 S. W. 134th Place
Miami, FL. 33186**

2 NAME ☐ Change ☐ Addition

21 STREET ADDRESS

22 CITY - ST - ZIP

23 CITY - ST - ZIP

24 CITY - ST - ZIP

31 CITY - ST - ZIP

32 CITY - ST - ZIP

33 CITY - ST - ZIP

34 CITY - ST - ZIP

41 CITY - ST - ZIP

42 CITY - ST - ZIP

43 CITY - ST - ZIP

44 CITY - ST - ZIP

51 CITY - ST - ZIP

52 CITY - ST - ZIP

53 CITY - ST - ZIP

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61 CITY - ST - ZIP

62 CITY - ST - ZIP

63 CITY - ST - ZIP

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, 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

2/26/96 667-6392
Date Daytime Phone #

CR2E034 (12/95)