

4-1-97 B-3833 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

6910 LEONARDO ST  
CORAL GABLES FL 33146  
US

Mailing Address

6910 LEONARDO ST  
CORAL GABLES FL 33146-3710  
US

3. Date Incorporated or Qualified  
07/07/1989

3a. Date of Last Report  
03/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 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

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

10. Name and Address of New Registered Agent

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 of typical or principal registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PC	MARRERO, EMILIO N.	6910 LEONARDO ST.	CORAL GABLES FL 33146	<input type="checkbox"/>
V	MAS, ILDEFONSO R.	3659 S. MIAMI AVE.	MIAMI FL	<input type="checkbox"/>
S	KREDI, RAMON	3661 S. MIAMI AVE.	MIAMI FL	<input type="checkbox"/>
T	HORTA, RICARDO G.	8356 SW 58TH ST.	MIAMI FL	<input type="checkbox"/>
M	SANCHEZ, RENE T.	1290 NE 83RD ST.	MIAMI FL	<input type="checkbox"/>
M	MARTINEZ, GERARDO H M.D.	10352 S.W. 134TH PLACE	MIAMI FL 33188	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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 EXPIRATION DATE OF SIGNING OFFICER OR DIRECTOR  
EMILIO N. MARRERO, M.D.

3/27/1997

(305)667-6392

Date

Daytime Phone

0203045

CR2E034 (9/96)