

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90095 019 \*\*\*150.00

DOCUMENT # L00869

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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1989

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PC  
NAME MARRERO, EMILIO N.  
STREET ADDRESS 6910 LEONARDO ST.  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE V  
NAME MAS, ILDEFONSO R.  
STREET ADDRESS 3659 S. MIAMI AVE.  
CITY-ST-ZIP MIAMI FL

TITLE S  
NAME KREDI, RAMON  
STREET ADDRESS 3661 S. MIAMI AVE.  
CITY-ST-ZIP MIAMI FL

TITLE T  
NAME HORTA, RICARDO G.  
STREET ADDRESS 8356 SW 58TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE M  
NAME SANCHEZ, RENE T.  
STREET ADDRESS 1290 NE 83RD ST.  
CITY-ST-ZIP MIAMI FL

TITLE M  
NAME MARTINEZ, GERARDO H M.D.  
STREET ADDRESS 10352 S.W. 134TH PLACE  
CITY-ST-ZIP MIAMI FL 33186

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/99 (305) 667-6392

CR2E034 (1/198)