

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90416 041 \*\*\*150.00

**DOCUMENT # L00869**

**1. Entity 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



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** 65-0265489

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** T ☒ Change ☐ Addition  
**NAME** PRAT, ANTONIO I.  
**STREET ADDRESS** 15451 S.W. 77th Ave.  
**CITY-ST-ZIP** Miami FL. 33157

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)