

2002

2003

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

2003 APR -2 PM 12: 21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000006355

1. Entity Name

MEDICAL INFORMATICS FOUNDATION LLC

**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business
2929 S.W. 3rd Avenue3. Mailing Address
2929 S.W. 3rd AvenueSuite, Apt. #, etc.
614Suite, Apt. #, etc.
614

DO NOT WRITE IN THIS SPACE

City & State
Miami, FLCity & State
Miami, FL

4. FEI Number 65-1099773

Applied For
Not ApplicableZip
33129Country
USAZip
33129Country
USA5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera P.A.

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

343 Almeria Ave

City Coral Gables

FL

Zip Code
33134

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Manager Nora Oliveri 2929 SW 3 Ave., #614, Miami, FL 33129		600015047496 04/02/03--01004--012 **100.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Nora Oliveri, Manager

03/17/03

305-858-5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)

292

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MEDICAL INFORMATICS FOUNDATION LLC
2929 S.W. 3rd Avenue #614
Miami, Florida 33129

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

March 17, 2003

Florida Department of State
Division of Corporations
P O Box 6478
Tallahassee, Florida 32314

RE: Medical Informatics Foundation LLC
Document No. L01000006355
2002 Limited Liability Company
Uniform Business Report

Dear Sir or Madam:

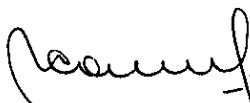
Enclosed find our 2002 Annual Report as well as the Annual Report for 2003.
and our check in the amount of \$100 to cover both years.

Please be advised that due to our change of address, we never received the
2002 Annual Report in the mail. On this date, our accountant notified us that
the report had not been filed and needed to be filed immediately.

Our new mailing address is 2929 S.W. 3rd Avenue, #614, Miami, Florida 33129

We apologize for any inconvenience and thank you for your cooperation in this
matter.

Sincerely,


Nora Oliveri
Manager