

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90050 026 \*\*\*\*50.00

**DOCUMENT # L98000000133**

1. Entity Name

**AME MANAGEMENT ASSOCIATES, L.C.**

Principal Place of Business

**CARDONA MEDICAL CENTER, INC.**  
**1390 N.W. 7TH ST.**  
**MIAMI FL 33125**

Mailing Address

**CARDONA MEDICAL CENTER, INC.**  
**1390 N.W. 7TH ST.**  
**MIAMI FL 33125**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0814956**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****FELUREN, MARK S**  
**ONE FINANCIAL PLAZA, SUITE 1500**  
**FORT LAUDERDALE FL 33394**

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.

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002****9. MANAGING MEMBERS/MANAGERS****10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AMEDICA CORPORATION 2281 S.W. 27TH AVENUE MIAMI FL 33145</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AMERICA'S CLINIC, INC. 2545 N.W. 20 STREET MIAMI FL 33156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARDONA MEDICAL CENTER, INC. 1390 N.W. 7TH STREET MIAMI FL 33125</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

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

Date

Daytime Phone #

1-16-02 305-548-3301

CR2E083 (9/01)