ANNUAL REPORT (AR)

DOCUMENT # N31532

1. Entity Name

MIAMI MEDICAL TEAM FOUNDATION, INC.

FILED
Feb 03, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
2340 CORAL WAY MIAMI FL 33145 US	2340 CORAL WAY MIAMI FL 33145 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 65-0147586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, ANA M 666 E 32ND ST HIALEAH FL 33013	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 accep 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 $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PCD NAME ALZUGARAY, MANUEL, M.D. STREET ADDRESS 2340 CORAL WAY CITY-ST-ZIP MIAMI FL 33145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100000416039 02/11/06-80108-019 61.25 ☐ Change ☐ Addition
TITLE VTD NAME SOLER, MARIO A. M.D. STREET ADDRESS 1300 SW 27TH AVE CITY-ST-ZIP MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VTD NAME CASTILLO, ESTEBAN VALDES STREET ADDRESS 33 PALERMO AVE CITY-ST-ZIP CORAL GABLES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME ALEXIS, ABRIL, M.D. STREET ADDRESS 2601 SW 37 AVE STE 907 CITY-ST-ZIP MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME CEPERO, ENRIQUE STREET ADDRESS 7921 SW 40 ST STE 45 CITY-ST-ZIP MIAMI FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSD NAME SERENTILL, LUIS H STREET ADDRESS 711 NW 13 AVE STE 201 CITY-ST-ZIP MIAMI FL 33125	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MARGO HOYER MD

SIGNATURE: _____ 1-30-06 305-643-10