

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31532

FILED
Jan 31, 2009
Secretary of State

Entity Name: MIAMI MEDICAL TEAM FOUNDATION, INC.

Current Principal Place of Business:

2340 CORAL WAY
MIAMI, FL 33145 US

New Principal Place of Business:

Current Mailing Address:

2340 CORAL WAY
MIAMI, FL 33145 US

New Mailing Address:

FEI Number: 65-0147586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, ANA M
666 E 32ND ST
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: ALZUGARAY, MANUEL, M. .D.
Address: 2340 CORAL WAY
City-St-Zip: MIAMI, FL 33145

Title: VTD () Delete
Name: SOLER, MARIO A. M.D.,
Address: 1300 SW 27TH AVE
City-St-Zip: MIAMI, FL

Title: VTD () Delete
Name: CASTILLO, ESTEBAN VA, LDES
Address: 33 PALERMO AVE
City-St-Zip: CORAL GABLES, FL

Title: VD () Delete
Name: ALEXIS, ABRIL, M.D.,
Address: 2601 SW 37 AVE STE 907
City-St-Zip: MIAMI, FL 33133

Title: SD () Delete
Name: CEPERO, ENRIQUE
Address: 7921 SW 40 ST STE 45
City-St-Zip: MIAMI, FL 33173

Title: VSD () Delete
Name: SERENTILL, LUIS H
Address: 711 NW 13 AVE STE 201
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL ALZUGARAY MD

PCD

01/31/2009

Electronic Signature of Signing Officer or Director

Date