

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N44427

1. Entity Name

MIAMI MEDICAL FOUNDATION, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90027 039 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3172 VIRGINIA STREET  
 COCONUT GROVE FL 33133

3172 VIRGINIA STREET  
 COCONUT GROVE FL 33133-4529

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

65-0283596

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

BERRY, JEAN  
 3172 VIRGINIA STREET  
 COCONUT GROVE FL 33133

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME PD  
 STREET ADDRESS BERRY, JEAN  
 CITY-ST-ZIP 3172 VIRGINIA STREET  
 COCONUT GROVE FL 33133 ☐ Delete **D**

TITLE  
 NAME VD  
 STREET ADDRESS WEBSTER-FREDDI, VERBLEN  
 CITY-ST-ZIP 9200 BAY HARBOR TERRACE #50 ☒ Delete **Deceased**  
 BAY HARBOR ISLAND FL

TITLE  
 NAME STD  
 STREET ADDRESS SAYIAH, PATTI  
 CITY-ST-ZIP 5100 N.W. 88 DRIVE ☐ Delete **D**  
 CORAL SPRINGS FL 33067

TITLE  
 NAME DIR.  
 STREET ADDRESS BILL FRANK  
 CITY-ST-ZIP 5200 MORSE AV. ☐ Delete **D**  
 JACKSONVILLE, FL 32244

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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

TITLE  
 NAME PATTI SAYIAH  
 STREET ADDRESS INSTITUTE OF HUMAN DEVELOPMENT  
 CITY-ST-ZIP 1121 SO. NE. MILITARY TRAIL # 183 ☐ Change ☐ Addition  
 DEERFIELD BEACH, FL 33442

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

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

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 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 (305) 474-0330

CR2E037 (9/99)