

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90032 049 \*\*\*\*70.00

**DOCUMENT # N44427**

1. Entity Name

**MIAMI MEDICAL FOUNDATION, INC.**

Principal Place of Business

3172 VIRGINIA STREET  
 COCONUT GROVE FL 33133

Mailing Address

3172 VIRGINIA STREET  
 COCONUT GROVE FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

TITLE  
 NAME FRED KALEON  
 STREET ADDRESS 15230 TRINITY LN  
 CITY-ST-ZIP CALDWELL, ID 83605 ☐ Change ☒ Addition

TITLE STD  
 NAME SAYIAH, PATTI  
 STREET ADDRESS 5100 N.W. 66 DRIVE  
 CITY-ST-ZIP CORAL SPRINGS FL 33087 ☐ Delete

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

TITLE D  
 NAME FRANK, BILL  
 STREET ADDRESS 5200 MORSE AVE  
 CITY-ST-ZIP JACKSONVILLE FL 32244 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ 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 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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)