2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# N44427

Entity Name: MIAMI MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

3172 VIRGINIA STREET
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3172 VIRGINIA STREET
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-0283596 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERRY, JEAN
3172 VIRGINIA STREET
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

BERRY, JEAN P
3172 VIRGINIA STREET
COCONUT GROVE, FL 33133 US

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: JEAN BERRY 04/16/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BERRY, JEAN,
Address: 3172 VIRGINIA STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Delete
Name: FRANK, BILL
Address: 5200 MORSE AVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Delete
Name: KALFON, FREDERICK
Address: 15230 TRINITY LN
City-St-Zip: CALDWELL, ID 83605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 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 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: JEAN BERRY D 04/16/2004
Electronic Signature of Signing Officer or Director Date