

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44427

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** MIAMI MEDICAL FOUNDATION, INC.

**Current Principal Place of Business:**

521 SAN JUAN DRIVE  
MIAMI, FL 33143

**New Principal Place of Business:**

4220 SANTA MARIA STREET  
CORAL GABLES, FL 33146

**Current Mailing Address:**

521 SAN JUAN DRIVE  
MIAMI, FL 33143

**New Mailing Address:**

4220 SANTA MARIA STREET  
CORAL GABLES, FL 33146

**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 MS  
521 SAN JUAN DR  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

BERRY, JEAN MS  
4220 SANTA MARIA STREET  
CORAL GABLES, FL 33146 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

02/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MS  
Name: BERRY, JEAN PRES  
Address: 4220 SANTA MARIA ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: MR  
Name: KALFON, FREDERICK V P  
Address: 4220 SANTA MARIA ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: MR  
Name: BERRY, KENNETH J VP  
Address: 4220 SANTA MARIA ST.  
City-St-Zip: CORAL GABLES, FL 33146

I hereby 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 all other like empowered.

SIGNATURE: JEAN BERRY

PRES

02/09/2012

Electronic Signature of Signing Officer or Director

Date