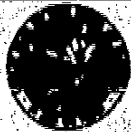


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

4-18-95 3712 APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

95 APR 18 PM 10:39

DOCUMENT # N93000004114 (5)

T. Corporation Name

MIAMI MEDICAL OFFICE MANAGERS ASSN., INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13840 SW 84TH ST
MIAMI FL 33183

13840 SW 84TH ST
MIAMI FL 33183

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **09/13/1993** 3a. Date of Last Report **06/07/1994**
4. FEI Number **65-0434855** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22

27

City & State

City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTT, LOIS
5001 SW 74TH ST SUITE 200 SOUTH MIAMI FL 33143
7000 SW 62 AVE SUITE 510

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **HUTT, LOIS**
STREET ADDRESS **5001 SW 74TH ST SUITE 200 SOUTH MIAMI FL 33143**
CITY-ST-ZIP **7000 SW 62 Ave. #510**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **LEE, CAROL A**
STREET ADDRESS **1516 VENERA AVE. 12325 SW 109 COURT**
CITY-ST-ZIP **CORAL GABLES FL 33136 MIAMI, FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D**
NAME **NELSON, MARY J**
STREET ADDRESS **7000 SW 62ND AVE.**
CITY-ST-ZIP **MIAMI FL 33143**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **JENSEN, GRETCHEN**
STREET ADDRESS **400 UNIVERSITY DR.**
CITY-ST-ZIP **CORAL GABLES FL 33134**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **President**
5.3 STREET ADDRESS **SUMERS, LAURIE**
5.4 CITY-ST-ZIP **8755 SW 94 STREET MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois Hutt Lois Hutt 1/24/95 305-665-1623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #