

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000004114 (5)**

1. Corporation Name
MIAMI MEDICAL OFFICE MANAGERS ASSN., INC.



Principal Place of Business: 13849 SW 84TH ST MIAMI FL 33183
Mailing Address: 13849 SW 84TH ST MIAMI FL 33183

3. Date Incorporated or Qualified: 09/13/1993
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0434855		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUTT, LOIS 7800 SW 62 AVE 7600 Red Road STE 510 Suite 333 SOUTH MIAMI FL 33143 33143				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D PAST PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	D Vice Pres.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUTT, LOIS			1.2 NAME	Gutheitz, Myana		
STREET ADDRESS	7800 SW 62 AVE 7600 Red Road Ste 333			1.3 STREET ADDRESS	8900 N. Kendall Drive		
CITY-ST-ZIP	SOUTH MIAMI FL 33143			1.4 CITY-ST-ZIP	Miami, Fl. 33176		
TITLE	D Treasurer	<input type="checkbox"/> DELETE		2.1 TITLE	D Stewart, Ronnie Secy.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEE, CAROL A			2.2 NAME			
STREET ADDRESS	12325 SW 109 CT			2.3 STREET ADDRESS	4685 Ponce de Leon BLVD		
CITY-ST-ZIP	MIAMI FL 33176			2.4 CITY-ST-ZIP	Coral Gables, Fl. 33146		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, MARY J			3.2 NAME			
STREET ADDRESS	7000 SW 62ND AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JENSEN, GRETCHEN			4.2 NAME			
STREET ADDRESS	400 UNIVERSITY DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146			4.4 CITY-ST-ZIP			
TITLE	D PRESIDENT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUAREZ, LAURIE			5.2 NAME			
STREET ADDRESS	8755 SW 94 ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 119.07(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: _____ 4/16/96 305-661-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)