

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

FILED

Aug 01 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1993
 3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 12325 SW 109 CT MIAMI FL 33176
 2a. Mailing Address: 12325 SW 109 CT MIAMI FL 33176
 23. City & State: MIAMI FL
 24. Zip: 33176
 25. Country: USA

4. FEI Number: 65-0434855
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 HUTT, LOIS
 7600 RED ROAD
 SUITE 333
 SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent
 81 Name: CAROL A LEE
 82 Street Address: 5950 SUNSET DRIVE
 83
 84 City: MIAMI FL 85 Zip Code: 33143

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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: *[Signature]* DATE: 7-28-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPP HUTT, LOIS	1.1 TITLE PRESIDENT
STREET ADDRESS	7600 RED ROAD SUITE 333	1.2 NAME JENSEN, GRETCHEN
CITY-ST-ZIP	MIAMI FL 33143	1.3 STREET ADDRESS 4675 PONCE DE LEON BLVD
TITLE	TD LEE, CAROL A	1.4 CITY-ST-ZIP CORAL GABLES FL 33146
STREET ADDRESS	12325 SW 109 CT	2.1 TITLE Treasurer
CITY-ST-ZIP	MIAMI FL 33176	2.2 NAME
TITLE	VPD GUTHERTZ, MYRNA	2.3 STREET ADDRESS
STREET ADDRESS	8900 NORTH KENDALL DRIVE	2.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL 33176	3.1 TITLE
TITLE	SD STUART, RONNIE	3.2 NAME
STREET ADDRESS	4885 PONCE DE LEON BOULEVARD	3.3 STREET ADDRESS 6140 SW 70 STREET
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP MIAMI FL 33143
TITLE	PD SUAREZ, LAURIE	4.1 TITLE
STREET ADDRESS	8755 SW 94 ST	4.2 NAME STEWART, RONNIE
CITY-ST-ZIP	MIAMI FL 33176	4.3 STREET ADDRESS
TITLE		4.4 CITY-ST-ZIP
STREET ADDRESS		5.1 TITLE
CITY-ST-ZIP		5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
		6.1 TITLE
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

14. I do 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 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: *[Signature]* DATE: 7-28-97 305-661-8588

CR2E067 (4/97)