

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000004114 (5)**  
1. Corporation Name  
**MIAMI MEDICAL OFFICE MANAGERS ASSN., INC.**



Principal Place of Business <b>12325 SW 109 CT MIAMI FL 33176 US</b>	Mailing Address <b>12325 SW 109 CT MIAMI FL 33176 US</b>
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3. Date Incorporated or Qualified  
**09/13/1993**

4. FEI Number  
**65-0434855**

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**LEE, CAROL A  
5950 SUNSET DRIVE  
SUITE 333  
MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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: *Carol Lee* DATE: **2/24/98**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JENSEN, GRETCHEN	
STREET ADDRESS	4676 PONCE-DELEON BLVD STE-203	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEE, CAROL A	
STREET ADDRESS	12325 SW 109 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GUTHERTZ, MYRNA	
STREET ADDRESS	6140 SW 70 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, RONNIE	
STREET ADDRESS	4685 PONCE-DE-LEON BOULEVARD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUAREZ, LAURIE	
STREET ADDRESS	8755 SW 94 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PROBIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRETCHEN JENSEN	
1.3 STREET ADDRESS	9150 SW 87 AVENUE #100	
1.4 CITY-ST-ZIP	MIAMI FL 33176	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SYLVIA PALACIOS	
3.3 STREET ADDRESS	90 West Gables Rehab Hosp	
3.4 CITY-ST-ZIP	3525 SW 75 AVENUE MIAMI FL 33155	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DONNA MARCUSIA	
4.3 STREET ADDRESS	90 DRS ALLEN BLVD	
4.4 CITY-ST-ZIP	7400 N. KOWDALL DRIVE # 307 MIAMI FL 33156	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 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 Block 12 or Block 13 if changed, or on an attachment to this address.

SIGNATURE: *Carol Lee* DATE: **2/24/98** 305-666-8588

CP2E037 (10/97)