

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90025 035 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N93000004114

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

Principal Place of Business  
 12325 SW 109 CT  
 MIAMI FL 33176  
 US

Mailing Address  
 12325 SW 109 CT  
 MIAMI FL 33176  
 US



21	2. Principal Place of Business	2a	Mailing Address	3.	Date incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/13/1993
22	City & State	27	City & State	4.	FEI Number
	Zip	28	Zip		65-0434855
23	Country	29	Country		Applied For
		30			Not Applicable
				5.	Certificate of Status Desired
					<input type="checkbox"/> \$8.75 Additional Fee Required
				6.	Election Campaign Financing Trust Fund Contribution
					<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  
 LEE, CAROL A  
 5950 SUNSET DRIVE  
 SUITE 388  
 MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name SUSAN PULIG  
 82 Street Address (P.O. Box Number is Not Acceptable) 14348 SW 97 LANE  
 83  
 84 City MIAMI FL 85 Zip Code 33186

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 officer 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: Susan Pulig SUSAN PULIG Treasurer 4/6/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, GRETCHEN	1.2 NAME
STREET ADDRESS	9150 SW 87TH AVENUE #100	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	LEE, CAROL A	2.2 NAME
STREET ADDRESS	12325 SW 109 CT	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAIOS, SYLVIA	3.2 NAME
STREET ADDRESS	2525 SW 75TH AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKUSLEY, DONNA	4.2 NAME
STREET ADDRESS	7400 N. KANDALL DRIVE #307	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP
TITLE	PD <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 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, with all other like empowered.

SIGNATURE: Susan Pulig SUSAN PULIG Treasurer 3/14/99 305 3881342  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (1/98)