

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90131 029 ****61.25

DOCUMENT # N93000004114

1. Entity Name

MIAMI MEDICAL OFFICE MANAGERS ASSN., INC.

Principal Place of Business

Mailing Address

14348 SW 97 LANE
 MIAMI FL 33186
 US

14348 SW 97 LANE
 MIAMI FL 33186
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0434855

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIUG, SUSAN
14348 SW 97 LANE
MIAMI FL 33186

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **JENSEN, GRETCHEN**
 STREET ADDRESS **9150 SW 87TH AVENUE #100**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **Part President** Change Addition
 NAME **Joyce Lynne**
 STREET ADDRESS **9150 SW 87th Ave #210**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE **T** Delete
 NAME **PIUG, SUSAN**
 STREET ADDRESS **14348 SW 97 LANE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **SHAFFEULLAH, SONIA**
 STREET ADDRESS **8950 NORTH KENDALL DRIVE #407**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SUAREZ, LAURIE**
 STREET ADDRESS **8755 SW 94 ST**
 CITY-ST-ZIP **MIAMI FL 33176**

TITLE **President** Change Addition
 NAME **Lynne Jones**
 STREET ADDRESS **9150 SW 87th Ave #210**
 CITY-ST-ZIP **Miami, FL 33176**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan Puig* (Susan Puig Treasurer) /sta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)