

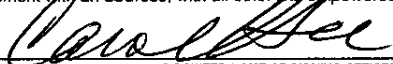


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90038 047 ****61.25

DOCUMENT # N93000004114					
1. Entity Name MIAMI MEDICAL OFFICE MANAGERS ASSN., INC.					
Principal Place of Business 12325 SW 109 COURT MIAMI, FL 33176			Mailing Address 12325 SW 109 COURT MIAMI, FL 33176		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0434855	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEE, CAROL A 12325 SW 109 COURT MIAMI, FL 33176			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SUAREZ, LAURIE		NAME		
STREET ADDRESS	1150 CAMPO SANS #300		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 3314		CITY-ST-ZIP	33146	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, CAROL A		NAME		
STREET ADDRESS	12325 SW 109 COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAFFEULLAH, SONIA		NAME	MOWRER, LINDA	
STREET ADDRESS	8950 NORTH KENDALL DRIVE #407		STREET ADDRESS	8940 N. KENDALL DR - #804E	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI FL 33176	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOWRER, LINDA		NAME	VOIGT, CAROLYN	
STREET ADDRESS	8940 W KENDALL DR #804E		STREET ADDRESS	4685 Ponce de Leon BLVD	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 lines empowered.					
SIGNATURE: 		Date: 1/20/04		Daytime Phone #: 305-661-8580	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					