
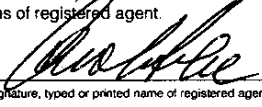
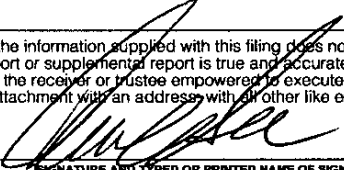


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90019 014 \*\*\*\*61.25

<b>DOCUMENT # N93000004114</b>					
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		4. FEI Number 65-0434855	
Zip		Country		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 		(NOTE: Registered Agent signature required when reinstating)		DATE 2/6/06	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	P VOIGHT, CAROLYN 4685 PONCE DE LEON CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CAROLYN VOIGT 4685 PONCE DE LEON BLVD CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, CAROL A 12325 SW 109 COURT MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PADYKULA, JOAN 8700 N. KENDALL DR #221 MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETAR CARIE LANDENWITSCH 11130 N. KENDALL DR #200 MIAMI FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, RUTH ANN 8940 N. KENDALL DR #1003E MIAMI, FL 33157	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LUISA TORRES 15335 SW 288 STREET HOMESTEAD, FL 33033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/6/06 Daytime Phone # 305-661-7054 x1020	