## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Mar 05, 2007 8:00 am Secretary of State

DOCUMENT # N9300004114  1. Entity Name MIAMI MEDICAL OFFICE MANAGERS ASSN., INC.					03-05-2	2007 90059 017	7 ****6	1.25	
Principal Place of Business 12325 SW 109 COURT MIAMI, FL 33176		Mailing Address 12325 SW 109 COURT MIAMI, FL 33176		40	029561	1			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				<u>                                     </u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007	Chg-NP	CR2E037 (	(12/06)		
City & State		City & State		4. FEI Num 65-04	ber 34855			plied For t Applicable	
Zip	Country	Zip	Country		e of Status Des		.75 Add	itional	
<del></del> -	6 Name and Address of Current	Registered Agent				Fee New Registered Age	e Required ent	1	
6. Name and Address of Current Registered Agent				Name					
	109 COURT		Street Address			(P.O. Box Number is Not Acceptable)			
MIAMI, FL	33176								
			City			FL	Zip Code	•	
	named entity submits this statement for	or the purpose of changing its	registered office o	r registered agent, or t	oth, in the State	of Florida. I am fam	niliar with,	and accept	
the obligati	ions of registered agent.					0/2/20			
SIGNATURE .	anyse		SASUROL	<u> </u>		9,270			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	: Renistered Agent signal	ture required when reinstating)		DATE			
	•				<sub>1</sub>				
	Filing Fee is \$61.25 Due by May 1, 2007		npaign Financing	\$5.00 May	Be	Make check p	-		
10.	_	9. Election Car Trust Fund C	npaign Financing	\$5.00 May	es	•	ent of St	ate	
10. ITILE NAME STREET ADDRESS	P VOIT, CAROLYN 4685 PONCE DE LEON BLVD	9. Election Car Trust Fund C	npaign Financing Contribution.	\$5.00 May	HANGES TO C	Florida Departm	ent of St	ate	
10. ITILE NAME	Due by May 1, 2007  OFFICERS AND DI P VOIT, CAROLYN	9. Election Car Trust Fund C	npaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS	S5.00 May Added to Fer ADDITIONS/O	HANGES TO C	FIORIDA DEPARTMENT FFICERS AND DIRECT	ent of St	10	
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12. I hereby certify that the information supplied with this filing does of 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 accordate 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 recute 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 paner like empowered.

SIGNATURE:

- TREASURED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-661-8580

Daytime Phone #