


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

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

03-05-2007 90059 017 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40029560



01042007 Chg-NP CR2E037 (12/06)

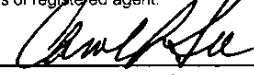
4. FEI Number  
 65-0434855

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	
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:  TRESASURER 3/2/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

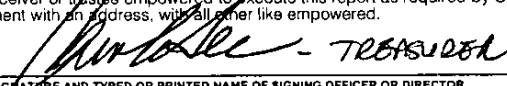
Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.  \$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 VOIT, CAROLYN 4685 PONCE DE LEON BLVD CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VOIGT, CAROLYN <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 LANDENWITSCH, CARIE 11130 N. KENDAL DR #200 MIAMI, FL 33176 <input checked="" 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	VP TORRES, LUISA 15335 SW 288 STREET HOMESTEAD, FL 33033 <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
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:  TRESASURER 3/2/07 305-661-8580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #