


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N93000004114</b> 1. Entity Name <b>MIAMI MEDICAL OFFICE MANAGERS ASSN., INC.</b>	
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Principal Place of Business <b>12325 SW 109 COURT MIAMI, FL 33176</b>	Mailing Address <b>12325 SW 109 COURT MIAMI, FL 33176</b>
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**DO NOT WRITE IN THIS SPACE**



01262008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0434855</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEE, CAROL A 12325 SW 109 COURT MIAMI, FL 33176</b>
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	VOIGT, CAROLYN
STREET ADDRESS	4685 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	T
NAME	LEE, CAROL A
STREET ADDRESS	12325 SW 109 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	VP
NAME	TORRES, LUISA
STREET ADDRESS	15335 SW 288 STREET
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000839592  
03/06/08-80015-011 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *Carolee Torres* 2/18/08 805-661-8580

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