

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 28, 2009  
Secretary of State**

DOCUMENT# N93000004114

Entity Name: MIAMI MEDICAL OFFICE MANAGERS ASSN., INC.

**Current Principal Place of Business:**

12325 SW 109 COURT  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

12325 SW 109 COURT  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-0434855      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEE, CAROL A  
12325 SW 109 COURT  
MIAMI, FL 33176      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VOIGT, CAROLYN  
Address: 4685 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146

Title: T ( ) Delete  
Name: LEE, CAROL A  
Address: 12325 SW 109 COURT  
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete  
Name: TORRES, LUISA  
Address: 15335 SW 288 STREET  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL LEE

T

02/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date