

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004114

FILED  
Apr 05, 2010  
Secretary of State

**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  
Name: VOIGT, CAROLYN  
Address: 4685 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33146

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

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

I hereby 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 all other like empowered.

SIGNATURE: CAROL A LEE

TREA

04/05/2010

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

\_\_\_\_\_  
Date