

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-02-2003 90068 021 ****61.25

N93000004114


FILED

03 SEP 10 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004114

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



Principal Place of Business Mailing Address

14348 SW 97 LANE 14348 SW 97 LANE
MIAMI FL 33186 MIAMI FL 33186
US US

2. Principal Place of Business 3. Mailing Address

Carroll 12325 SW 109 Court
Suite, Apt. #, etc. Suite, Apt. #, etc.
12325 SW 109 Court

City & State City & State

MIAMI FL MIAMI FL

Zip Country Zip Country

33176 USA 33176 USA

4. FEI Number 65-0434855 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PIUIG, SUSAN
14348 SW 97 LANE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name: CAROL A. LEE
Street Address (P.O. Box Number is Not Acceptable): 12325 SW 109 Court
City: MIAMI FL Zip Code: 33176

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: *[Signature]* TREASURER DATE: 3/14/03

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

FILE NOW: FEE IS \$61.25

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

TITLE	PP	<input checked="" type="checkbox"/> Delete
NAME	JONES, LYNNE	
STREET ADDRESS	9150 SW 87 AVE #210	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PIUIG, SUSAN	
STREET ADDRESS	14348 SW 97 LANE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHAFEEULLAH, SONIA	
STREET ADDRESS	8950 NORTH KENDALL DRIVE #407	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, LYNNE	
STREET ADDRESS	9150 SW 87 AVE #210	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURIE SUAREZ	
STREET ADDRESS	1150 CAMPO SAUS #300	
CITY-ST-ZIP	CORAL GABLES, FL 33	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL A. LEE	
STREET ADDRESS	12325 SW 109 Court	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA MOWBRER	
STREET ADDRESS	8940 N. KENDALL DR # 8045	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: 3/14/03 PHONE: 205-661-7054

CR2E037 (10/02)