

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005540

1. Entity Name

MIAMI MEDICAL WOMEN'S ASSOCIATION, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90025 029 ****70.00

Principal Place of Business

11036 MONFERO STREET
CORAL GABLES FL 33156

Mailing Address

11036 MONFERO STREET
CORAL GABLES FL 33156

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0673499

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATZAN, R. JUDITH M.D.
11036 MONFERO STREET
CORAL GABLES FL 33156

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KADE, KAREN M.D.
STREET ADDRESS 7000 S.W. 97TH AVENUE #108
CITY-ST-ZIP MIAMI FL 33173

TITLE VPD ☐ Delete
NAME GRANVILLE, LISA M.D.
STREET ADDRESS 1201 N.W. 16TH STREET GRECC (11GRC)
CITY-ST-ZIP MIAMI FL 33125

TITLE SD ☐ Delete
NAME KLIMAS, NANCY
STREET ADDRESS 1600 N.W. 10TH AVENUE
CITY-ST-ZIP MIAMI FL 33136

TITLE TD ☐ Delete
NAME RATZAN, R. JUDITH MD
STREET ADDRESS 11036 MONFERO STREET
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

R. JUDITH RATZAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-21-01

Daytime Phone #

305-665-3300

CR2E037 (10/00)