

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005540

FILED
Apr 07, 2004
Secretary of State**Entity Name:** MIAMI MEDICAL WOMEN'S ASSOCIATION, INC.**Current Principal Place of Business:**11036 MONFERO STREET
CORAL GABLES, FL 33156**New Principal Place of Business:**60 EDGEWATER DRIVE
#9F
CORAL GABLES, FL 33156**Current Mailing Address:**11036 MONFERO STREET
CORAL GABLES, FL 33156**New Mailing Address:**11036 MONFERO STREET
CORAL GABLES, FL 33133**FEI Number:** 65-0673499**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RATZAN, R. JUDITH M.D.
11036 MONFERO STREET
CORAL GABLES, FL 33156 US**Name and Address of New Registered Agent:**RATZAN, R. JUDITH M.D.
60 EDGEWATER DRIVE
#9F
CORAL GABLES, FL 33133 US

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: _____

04/07/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KADE, KAREN M.D.
Address: 7000 S.W. 97TH AVENUE #108
City-St-Zip: MIAMI, FL 33173

Title: VPD () Delete
Name: GRANVILLE, LISA M.D.
Address: 1201 N.W. 16TH STREET GRECC (11GRC)
City-St-Zip: MIAMI, FL 33125

Title: SD () Delete
Name: KLIMAS, NANCY
Address: 1600 N.W. 10TH AVENUE
City-St-Zip: MIAMI, FL 33136

Title: TD () Delete
Name: RATZAN, R. JUDITH MD
Address: 11036 MONFERO STREET
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STERNAU, LINDA M.D.
Address: 4102 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPD (X) Change () Addition
Name: LEVIS, SILVINA M.D.
Address: 1201 N.W. 16TH STREET GRECC (11GRC)
City-St-Zip: MIAMI, FL 33125

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

Title: TD (X) Change () Addition
Name: RATZAN, R. JUDITH MD
Address: 60 EDGEWATER DRIVE #9F
City-St-Zip: CORAL GABLES, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 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: R. JUDITH RATZAN

TD

04/07/2004

Electronic Signature of Signing Officer or Director

Date