2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# N95000005540

Entity Name: MIAMI MEDICAL WOMEN'S ASSOCIATION, INC.

Current Principal Place of Business:

60 EDGEWATER DRIVE
#9F
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

11036 MONFERO STREET
CORAL GABLES, FL 33133

New Mailing Address:

60 EDGEWATER DRIVE
9F
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.
60 EDGEWATER DRIVE
#9F
CORAL GABLES, FL 33133 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:	PD	( ) Delete
Name:	STERNAU, LINDA M.D.	
Address:	4102 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	VPD	( ) Delete
Name:	LEVIS, SILVINA 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:	60 EDGEWATER DRIVE #9F	
City-St-Zip:	CORAL GABLES, FL 33133	

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

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: DR. R. JUDITH RATZAN TD 04/13/2005

Electronic Signature of Signing Officer or Director — Date