

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005540

FILED
Mar 22, 2009
Secretary of State

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:

60 EDGEWATER DRIVE
9F
CORAL GABLES, FL 33133

New Mailing Address:

60 EDGEWATER DRIVE
#9F
CORAL GABLES, FL 33156

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 exemption stated in Chapter 119, 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

TREA

03/22/2009

Electronic Signature of Signing Officer or Director

Date