

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90009 031 \*\*\*\*61.25

**DOCUMENT # N99000003187**

1. Entity Name

**THE MIAMI MEDICAL ALLIANCE, INC.**

Principal Place of Business

**80 SW 8TH ST.  
 MIAMI FL 33130**

Mailing Address

**80 SW 8TH ST.  
 MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0927738**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI  
 201 S. BISCAYNE BLVD., 1500  
 MIAMI FL 33131**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALEMAN, RALPH A</b> <b>4700 N. MERIDIAN AVE.</b> <b>MIAMI FL 33140</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SONENREICH, STEVEN</b> <b>1400 N.W. 12TH AVE.</b> <b>MIAMI FL 33136</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KEELEY, BRIAN</b> <b>6855 RED RD.</b> <b>CORAL GABLES FL 33143</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSASCO, EDWARD</b> <b>3663 S. MIAMI AVE.</b> <b>MIAMI FL 33133</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERRY, BRUCE</b> <b>4300 ALTON RD.</b> <b>MIAMI BEACH FL 33140</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRENTESON, ALLEN</b> <b>8900 N. KENDALL DR.</b> <b>MIAMI FL 33176</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Amy Perry</b> <b>V.P.</b> <b>Mount Sinai</b> <b>4300 Alton Rd. Miami Beach FL</b> <b>33176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Victoria Brewer-Anderson</b> <b>Miami Medical Alliance</b> <b>80 SW 8th St</b> <b>Miami FL 33130</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/01 (305-579-1357)**

Date

Daytime Phone #

CR2E037 (10/00)