# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 29, 2012**
**Secretary of State**

DOCUMENT# P02000028392

**Entity Name:** MIAMI MEDICAL ASSOCIATES, P.A.

**Current Principal Place of Business:**

13055 SW 42 ST SUITE 210
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

12365 S.W. 43 STREET
MIAMI, FL 33175

**New Mailing Address:**

**FEI Number: 01-0644652** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CINTRON, JOHN R
12365 S.W. 43 STREET
MIAMI, FL 33175 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
Name: CINTRON, JOHN R M.D.
Address: 12365 S.W. 43 STREET
City-St-Zip: MIAMI, FL 33175

Title: SD
Name: SANCHEZ, JANY M.D.
Address: 12365 SW 43 STREET
City-St-Zip: MIAMI, FL 33175

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OWNER JC 03/29/2012
Electronic Signature of Signing Officer or Director Date