

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061511 (8)

1. Corporation Name

MEDICAL GROUP OF MIAMI, INC.



Principal Place of Business

Mailing Address

21110 BISCAYNE BOULEVARD
SUITE 100
AVENTURA FL 33180

21110 BISCAYNE BOULEVARD
SUITE 100
AVENTURA FL 33180

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/09/1995

3a. Date of Last Report

4. FEI Number

65-0616781

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOBEL, DOUGLAS J
21110 BISCAYNE BOULEVARD
SUITE 100
AVENTURA FL 33180

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, as applicable (if applicable)

(NOTE: Registered Agent signature required when reinstating)

2/13/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME CARDOSO, TERESA
STREET ADDRESS 955 N.W. 3RD STREET, SUITE 827
CITY-ST-ZIP MIAMI FL 33128

PD Almeida, Mario
12 NAME 5539 SW 8th St
13 STREET ADDRESS Miami, FL 33134
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME PIZARRO, GEORGE
STREET ADDRESS 747 PONCE DE LEON BLVD., SUITE 303
CITY-ST-ZIP CORAL GABLES FL 33134

D Serrano, Hector
22 NAME 3659 S. Miami Ave # 5001
23 STREET ADDRESS Miami, FL 33126
24 CITY-ST-ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME MARCOS, JORGE L
STREET ADDRESS 835 S.W. 37TH AVENUE, SUITE 101
CITY-ST-ZIP MIAMI FL 33135

D Selemia, Carlos
32 NAME 2605 Douglas Rd
33 STREET ADDRESS Miami, FL 33133
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME GONZALEZ, WILFREDO
STREET ADDRESS 7500 S.W. 8TH STREET, SUITE 301
CITY-ST-ZIP MIAMI FL 33144

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME HUERTAS, ENRIQUE
STREET ADDRESS 711 N.W. 23RD AVENUE, SUITE 303
CITY-ST-ZIP MIAMI FL 33125

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME DUMENIGO, FEDERICO
STREET ADDRESS 5539 S.W. 8TH STREET
CITY-ST-ZIP MIAMI FL 33134

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 682-1711

CR2E034 (12/95)