

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000012401

1. Entity Name

MIAMI MEDICAL PROPERTIES, INC.



FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90033 001 ***150.00

Principal Place of Business

10250 S.W. 56 ST

STE C-12

MIAMI, FL 33165 US

Mailing Address

10250 S.W. 56 ST

STE C-102

MIAMI, FL 33165 US



01262005

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0659904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

IGLESIAS, MARCIA

10250 S.W. 56 ST

STE C-102

MIAMI, FL 33165

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FERNANDEZ, RICARDO F
STREET ADDRESS 10250 S.W. 56 ST, C-102
CITY-ST-ZIP MIAMI, FL 33165

TITLE SD
NAME IGLESIAS, MARCIA
STREET ADDRESS 10250 SW 56 ST C-102
CITY-ST-ZIP MIAMI, FL 33615

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, 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

MARCIA E Iglesias

2/2/05

305 2737555

Date

Daytime Phone #