

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90053 030 ***150.00

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1. Entity Name
MIAMI MEDICAL PROPERTIES, INC.



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**

40041343



01042008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0659904

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**IGLESIAS, MARCIA
10250 S.W. 56 ST
STE C-102
MIAMI, FL 33165**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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** ☐ Delete
NAME **IGLESIAS, MARCIA**
STREET ADDRESS **10250 SW 56 ST C-102**
CITY-ST-ZIP **MIAMI, FL 33615**

TITLE **SD** ☐ Delete
NAME **CASO, JULIO E**
STREET ADDRESS **10250 SW 56 ST. C-102**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **TD** ☐ Delete
NAME **SANTAMARIA, CARMEN**
STREET ADDRESS **10250 SW 56TH ST., C-102**
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Marcia Iglesias* **1/7/08** **305 2737555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #