

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000082954

1. Entity Name
MIRAMAR MANAGEMENT COMPANY, INC.



Principal Place of Business
5955 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146

Mailing Address
5955 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0791210

Applied For
No: Applicable

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

6. Name and Address of Current Registered Agent

CHEN, VINCENT J
5955 PONCE DE LEON BLVD.
MIAMI, FL 33146

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	TANO, ALBERT R M.D.
STREET ADDRESS	5955 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL 331462423
TITLE	PD
NAME	PEREZ, JORGE E M.D.
STREET ADDRESS	5955 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL 331462423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/07-80047-004 150.00

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #