2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000082954 *- ^ *

1. Entity Name

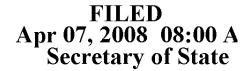
Principal Place of Business

SIGNATURE:

MIRAMAR MANAGEMENT COMPANY, INC.



Mailing Address



Daytime Phone #

	NCE DE LEON BLVD. 5955 PONCE DE LEON BLVD. ABLES, FL 33146 CORAL GABLES, FL 33146			110006		II 3808 1998 1908 1908 1908 2308 19 17 18	
DO NOT WRITE IN THIS SPACE				03262008 4. FEI Numb 65-079	No Chg-P C	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHEN, VINCENT J 5955 PONCE DE LEON BLVD. MIAMI, FL 33146				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 Fiorida. 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							
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees			
10. FITLE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF VPD TANO, ALBERT R M.D. 5955 PONCE DE LEON BLVD. CORAL GABLES, FL 331462423 PD PEREZ. JORGE E M.D. 5955 PONCE DE LEON BLVD. CORAL GABLES, FL 331462423	RECTORS			U0000088 04/17/09-80	4266 1035-020 150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT WR THIS SPA		
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 12. I hereby c indicated of the corp.	ertify that the information supplied with this on this report or supplemental report is turboration or the receiver or trustee emplwe or on an attachment with an address the control of the control with an address the control of the control with an address the control with th	s filing closs not qualify for the exe of accurate and that my signar of to execute his report as requir	metens cont	ained if Chapter 115 the army legal effer re 67 Armond Statule	9, Florida Statutes. I furth ct as if made under oath; se and that my name and	er certify that the information that I am an officer or director	