



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/26/22 Time: _____

Agenda/Item Number: F-5, F-6, F-7, F-8, F-9

Issue: Doctors Hospital /

Name: MARIA Q. CAUZ

Mailing address: 1447 Miller Rd

City: Coral Gables State/Zip: FL 33146

Phone: 305-323-2454 E-mail: _____

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|---|---|
| <input checked="" type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

Signature Maria Q. Cauz

Pursuant to Article I, Section 24 of the Florida Constitution,
this document, and information contained therein, is a public record.



City of Coral Gables
Request to Address City Commission

Order of receipt _____

PLEASE PRINT

Date: 4/26/22 Time: 8:52

Agenda/Item Number: F-6, F-5, F-8 + F-9

Issue: Doctors Hospital Purchase + Relat

Name: Lauren Coll

Mailing address: 3782 Leafy Way

City: Miami State/Zip: FL 33133

Phone: 305-744-0618 E-mail: laurencoll@comcast.net

Are you a registered lobbyist with the City of Coral Gables?
 Yes No

Representing: _____

- | | |
|--|---|
| <input type="checkbox"/> I wish to speak | <input type="checkbox"/> Proponent |
| <input checked="" type="checkbox"/> I do not wish to speak | <input type="checkbox"/> Opponent |
| <input type="checkbox"/> I have been requested to speak | <input type="checkbox"/> To provide information |

Comments regarding this issue:

WE OBJECT TO THE PURCHASE +
REPLACING OF DOCTORS HOSPITAL
BY NEW I PERSONAL RIGHTS
ON THESE ISSUES F-6, F-5, F-8 +
Signature Lauren Coll

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 4/26/22 PLEASE PRINT Time: 8:55

Agenda/Item Number: F-5, F-6, F-8, F-9

Issue: DOROS HOSPITAL PURCHASE + RE-RA#

Name: 5100 Granada Blvd, LLC

Mailing address: 3782 LEAFY WAY

City: MIAMI State/Zip: FL 33133

Phone: 305-744-0618 E-mail: lucy@coralnet.com

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

WE OBJECT TO THE PURCHASE AND REPAIR OF DOROS HOSPITAL PURCHASE ITEMS F-5, F-6 F-8 + F-9
SPROGDAMAD@CORALNET.COM

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City of Coral Gables
Request to Address City Commission

Order of receipt _____

Date: 26 APRIL 2022 PLEASE PRINT Time: 8:55 AM

Agenda/Item Number: F-5 F-6 F-8 F-9

Issue: objection to applying f-5 f-6 f-8 f-9 and

Name: CRISTINA COLL

Mailing address: 3782 Leafy way

City: COCONUT GROVE State/Zip: _____

Phone: 305 495 04 33 E-mail: CRISTINA@COMERCIST.NET

Are you a registered lobbyist with the City of Coral Gables?

Yes No

Representing: _____

- I wish to speak
- I do not wish to speak
- I have been requested to speak
- Proponent
- Opponent
- To provide information

Comments regarding this issue:

Object to item numbers F-5 F-6 + F-8 and any and having to do with replacing
CRISTINA

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