



**City of Coral Gables
Request to Address City Commission**

Order of receipt _____

PLEASE PRINT

Date: _____ Time: _____

Agenda/Item Number: F-3 F-12

Issue: 301 Medicaid

Name: 301 Alicia Fernandez

Mailing address: 6000 Granada Blvd

City: _____ State/Zip: _____

Phone: 305 606 3036 E-mail: ali_arniter@andor.us
bellsouth.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:

IN FAVOR

Signature Alicia Fernandez

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 _____

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Date: 5/3/22 Time: 1:30

Agenda/Item Number: F3

Issue: 301 Medicaid

Name: TERESA MCKINNEY

Mailing address: 600 Biltmore Way 904

City: Coral Gables State/Zip: 33134

Phone: 305 725 4724 E-mail: teresa@bellsouth.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:

Signature Teresa McKinney

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