

FILE NOW: FILING FEE IS \$61.25

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**Mar 11 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765068 (2)

1. Corporation Name
555 MEDICAL CENTER ASSOCIATION, INC.



Principal Place of Business % ASSOCIATES MANAG. SER. 275 FOUNTAINBLEAU BLVD., STE. 100 MIAMI FL 33172 US	Mailing Address % ASSOCIATES MANAG. SER. 275 FOUNTAINBLEAU BLVD., STE. 100 MIAMI FL 33172-4500 US
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3. Date Incorporated or Qualified 11/05/1982	3a. Date of Last Report 01/22/1996
4. FEI Number 59-2237940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 SUITE 145	Suite, Apt. #, etc. 27 SUITE 145
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ASSOCIATE MANAGEMENT SERVICE
275 FOUNTAINBLEAU BLVD.
STE. 100
MIAMI FL 33172**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	SUITE 145
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SEADE, MANUEL DR.	
STREET ADDRESS	555 BILTMORE WAY S106	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, RAYMOND DR.	
STREET ADDRESS	555 BILTMORE WAY STE. 206	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SALGUIERO, HERBERT DR.	
STREET ADDRESS	7171 CORAL WAY., STE. 217	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIPER, ROBERT C D	
STREET ADDRESS	555 BILTMORE WAY #204	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STILES, DORIS	
STREET ADDRESS	555 BILTMORE WAY #206	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	ASAT	<input checked="" type="checkbox"/> DELETE
NAME	ROSEN, ROBERT	
STREET ADDRESS	9400 S DADELAND BL; PH-4	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEAGE
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SALGUEIRO
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PIPER, ROBERT C DR.
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33134
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STILES, DORIS DR.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33134
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Manuel Seade* **1/21/97** **220-2969**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032519

CFR2E037 (9/96)