

FILE NOW: FILING FEE IS \$61.25

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**Jun 11 1998 8:00am
Secretary of State**

- NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
% ASSOCIATES MANAGT. SER. 275 FOUNTAINBLEAU BLVD., STE. 100 MIAMI FL 33172 US		% ASSOCIATES MANAGT. SER. 275 FOUNTAINBLEAU BLVD., STE. 100 MIAMI FL 33172 US	
21	2. Principal Place of Business 555 Biltmore Way	26	2a. Mailing Address % Abood & Associates, Inc.
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc. 2701 Ponce de Leon Blvd. #200
23	City & State Coral Gables, FL	28	City & State Coral Gables, FL
24	Zip 33134	29	Zip 33134
25	Country US	30	Country US

3. Date Incorporated or Qualified 11/05/1982		
4. FEI Number 59-2237940	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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 Abood & Associates, Inc.	
82 Street Address (P.O. Box Number is Not Acceptable) 2701 Ponce de Leon Boulevard	
83 Suite 200	
84 City Coral Gables	85 Zip Code FL 33134

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: *[Signature]* DATE: **4/27/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SEADE, MANUEL DR.
STREET ADDRESS	555 BILTMORE WAY S106
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	VPS <input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, RAYMOND DR.
STREET ADDRESS	555 BILTMORE WAY STE. 206
CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	SALGUIERO, HERBERT DR.
STREET ADDRESS	7171 CORAL WAY., STE. 217
CITY-ST-ZIP	MIAMI FL 33155
TITLE	D <input checked="" 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	V, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mrs. Frances Reid
1.3 STREET ADDRESS	555 Biltmore Way, Suite 205
1.4 CITY-ST-ZIP	Coral Gables, FL 33134
2.1 TITLE	S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Abadin, Jose DR.
2.3 STREET ADDRESS	555 Biltmore Way, Suite 104
2.4 CITY-ST-ZIP	
3.1 TITLE	V, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mase, Darrell Dr.
3.3 STREET ADDRESS	555 Biltmore Way, Suite 202
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *[Signature]* **Dr. Doris Stiles 4/27/98** **305-446-0011**

CR2E037 (10/97)