

FILE NOW: FILING FEE IS \$61.25

FILED
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



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

3. Date Incorporated or Qualified
11/05/1982

4. FEI Number Applied For
59-2237940 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business 2a. Mailing Address

21 **555 Biltmore Way** 26 **% Abood & Associates, Inc.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Coral Gables, FL** 27 **2701 Ponce de Leon Blvd. #200**
 City & State City & State

23 **33134** 25 **US** 28 **33134** 30 **US**
 Zip Country Zip Country

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** **FL** 85 Zip Code **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) DATE

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)