


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90004 037 ****61.25

0027553

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 765068

1. Corporation Name
555 MEDICAL CENTER ASSOCIATION, INC.

Principal Place of Business 555 BILTMORE WAY CORAL GABLES FL 33134 US	Mailing Address C/O ABOOD & ASSOC 2701 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES FL 33134 US
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/05/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2237940
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ABOOD & ASSOC 2701 PONCE DE LEON BLVD SUITE 200 CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, FRANCES	1.2 NAME	
STREET ADDRESS	555 BILTMORE WAY, #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABADIN, JOSE	2.2 NAME	
STREET ADDRESS	555 BILTMORE WAY, #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASE, DARRELL	3.2 NAME	
STREET ADDRESS	555 BILTMORE WAY, #202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILES, DORIS	4.2 NAME	
STREET ADDRESS	555 BILTMORE WAY #206	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4-2099 305-444-633
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)