

2000 UNIFORM BUSINESS REPORT (UBR)

3/1/00 00000000000000000000

FILED
May 18, 2000 8:00 am
Secretary of State

03-07-2000 90054 016 ****61.25

DOCUMENT # 765068

1. Entity 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 33134-6020 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2237940	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ABOOD & ASSOC 2701 PONCE DE LEON BLVD SUITE 200 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD	REID, FRANCES <input checked="" type="checkbox"/> Delete	TITLE P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	RAYMOND C. ARMSTRONG, RD
NAME	555 BILTMORE WAY, #205	NAME	555 BILTMORE WAY # 206
STREET ADDRESS	CORAL GABLES FL 33134	STREET ADDRESS	CORAL GABLES, FL 33134
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	
NAME	ABADIN, JOSE	NAME	
STREET ADDRESS	555 BILTMORE WAY, #104	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	
NAME	MASE, DARRELL	NAME	
STREET ADDRESS	555 BILTMORE WAY, #202	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	
NAME	STILES, DORIS	NAME	
STREET ADDRESS	555 BILTMORE WAY #206	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature)* **RAYMOND C. ARMSTRONG** Date: **2/21/00** Daytime Phone #: **305-444-3305**

CR2E037 (9/99)