

5.
5/15/01-90078-02

FILED
Jul 18, 2001 8:00 am
Secretary of State

05-15-2001 90078 022 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

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
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2237940**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	REID, FRANCES	
STREET ADDRESS	555 BILTMORE WAY, #205	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	SP (President)	<input type="checkbox"/> Delete
NAME	ABADIN, JOSE	
STREET ADDRESS	555 BILTMORE WAY, #105	
CITY-STATE-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MASE, DARRELL	
STREET ADDRESS	555 BILTMORE WAY, #202	
CITY-STATE-ZIP	MIAMI FL 33155	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STILES, DORIS	
STREET ADDRESS	555 BILTMORE WAY #206	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	Dr. Faustino Garcia (VP)	<input type="checkbox"/> Delete
NAME	555 Biltmore Way #102	
STREET ADDRESS	Miami, FL 331	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Dr. Abadin (President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	555 Biltmore Way #105	
STREET ADDRESS	Coral Gable, FL 33134	
CITY-STATE-ZIP		
TITLE	Dr. Faustino Garcia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	555 Biltmore Way	
STREET ADDRESS	Coral Gable, FL 33134	
CITY-STATE-ZIP		
TITLE	Reid, FL Advice Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	555 BILTMORE WAY #205	
STREET ADDRESS	CORAL GABLES, FL 33134	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 proper filing fees.

SIGNATURE: *Cecil Wald*

Date: *4/27/01*

CR2007 (10/00)