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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**

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

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

City & State  
City & State

Zip Country Zip Country

4. FEI Number **59-2237940** Applied For  
Not Applicable

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



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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VD	REID, FRANCES 555 BILTMORE WAY, #205 CORAL GABLES FL 33134	TITLE Dr. Abadin (President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SP	ABADIN, JOSE (President) 555 BILTMORE WAY, #105 CORAL GABLES FL 33134	TITLE Dr. Faustino Garcia (Vice President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD	MASE, DARRELL 555 BILTMORE WAY, #202 MIAMI FL 33155	TITLE Reid, FL ADVICE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE P	STILES, DORIS 555 BILTMORE WAY #206 CORAL GABLES FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Faustino Garcia (VP)	555 Biltmore Way #102 Miami, FL 331		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)