## 2008 NOT-FOR-PROFIT CORPORATION

FILED
Jan 22, 2008 08:00 A
Secretary of State

ANNUAL REPORT				Jan 22, 2000 00.			
DOCUMENT # 765068					,	Secretary of S	
1. Entity Name 555 MEDICAL CENTER ASSOCIATION, INC.					•	• • •	
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Principal Place	e of Business N	Aailing Address			•		
555 BILTMORE WAY  CORAL GABLES, FL 33134 US  MIAMI BEACH, FL 33140 U			IS	•		• , ,	
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10.10	O NOT WRITE II				Nó Chg-NP	CR2E037 (4/06)	
المعالم المارية الماري مارية المارية			·	4. FEI Number 59-223		Applied For Not Applicable	
ia je				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regi	stered Agent	1 1 - 1 - 1			· ·	
BOUTIQUE HOSPITALITY MANAGEMENT 234 MERIDIAN AVENUE #4					NOT WF		
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MIAMI BEACH, FL 33139			e de la companya de l		THIS SPA		
			10 H 4		the transfer and state of the second		
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Florid	da. I am familiar with, and accept	
SIGNATURE	faulgorih PAUL	AURIBE			٥	1/10/08	
<del></del>	Signature, typed in printed name of registered agent and title	in applicable. (NOTE Hegisterer	d Agent signature required	when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>		00 May Be ed to Fees			
10.	OFFICERS AND DIRE	CTORS	1			9	
TITLE NAME	P ABADIN, JOSE				The state of the state of	Market Age	
STREET ADDRESS	555 BILTMORE WAY, SUITE 104		<b>j</b> e (1)		**************************************		
CITY-ST-ZIP TITLE	CORAL GABLES, FL 33134		. '	6 764 7	01/23/08	:80 <u>065</u> =008.61.25,	
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CITY-SI-ZIP	555 BILTMORE WAY, SUITE 102 CORAL GABLES, FL 33134			ارد که برما	and the second second	and the distriction of	
TITLE NAME	T SOCAS, SUSAN		u v		girin shqafat		
STREET ADDRESS	555 BILTMORE WAY, SUITE 202		Contract Service	חח	NOT WI	DITE : # > .	
CITY-ST-ZIP TITLE	CORAL GABLES, FL 33134		,				
NAME ·	•		$\frac{e}{dt} = \frac{1}{2} \left( \frac{1}{2} \right) \right) \right) \right) \right) \right) \right) \right)}{1}} \right) \right) \right)} \right) \right)} \right) } \right) } } } } } } $	IIN .	THIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP			· **				
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CITY-ST-ZIP TITLE					ali tra manifer de la	ring op beginn sin i kan de Lida Albania i dela	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 by 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 pilled like impowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/08

305.495.4088

Date

Daylime Phone #