


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 765068**

1. Entity Name  
**555 MEDICAL CENTER ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

**555 BILTMORE WAY**      **P.O. BOX 402867**  
**CORAL GABLES, FL 33134 US**      **MIAMI BEACH, FL 33140 US**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP      CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

**BOUTIQUE HOSPITALITY MANAGEMENT**  
**234 MERIDIAN AVENUE**  
**#4**  
**MIAMI BEACH, FL 33139**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Paul Lauribe* **PAULAURIBE**      **01/10/08**  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABADIN, JOSE 555 BILTMORE WAY, SUITE 104 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA, FAUSTINO 555 BILTMORE WAY, SUITE 102 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOCAS, SUSAN 555 BILTMORE WAY, SUITE 202 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/08-80065-008.61.25

12. I hereby certify that the information supplied with this filing 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 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: *Paul Wood*      **01/10/08**      **305-495-4088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #