

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769772 (5)
1. Corporation Name
SOUTH MIAMI MEDICAL SQUARE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7330 SW 62ND PLACE SOUTH MIAMI FL 33143	7330 SW 62ND PLACE SOUTH MIAMI FL 33143



2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 08/09/1983	3a. Date of Last Report 05/01/1995	
4. FEI Number 59-2352227	Applied For	
	Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUILFORD, GREGG P
15810 SW 49TH STREET
MIAMI FL 33185

E1	Name
E2	Street Address (P.O. Box Number is Not Acceptable)
E3	
E4	City
E5	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARREDO, VICTOR, M.D.	
STREET ADDRESS	7330 S.W. 62ND PLACE	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STOIK, ROSITA, M.D.	
STREET ADDRESS	7330 S.W. 62ND PLACE	
CITY - ST - ZIP	SOUTH MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FINE, JEFFREY M.	
STREET ADDRESS	2222 PONCE DE LEON BLVD.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	OFFICER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	STOLK ROSITA		
2.3 STREET ADDRESS	2330 SW 62ND PL #210		
2.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	OFFICER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	BLAKE KROEMER M.D.		
4.3 STREET ADDRESS	7330 SW 62ND PLACE #320		
4.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143		
5.1 TITLE	OFFICER	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	NATHAN B. HIRSCH		
5.3 STREET ADDRESS	7300 SW 62ND PLACE #300		
5.4 CITY-ST-ZIP	SUITE 300, So. Miami, FL 33143		
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	000001925960		
6.3 STREET ADDRESS	-08/20/96--01039--024		
6.4 CITY-ST-ZIP	***61.25		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dah

Debt-free

CR2E037 (12/95)