

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**08/09/1983**      **08/19/1996**

2. Principal Place of Business      2a. Mailing Address  
**21**      **26** **7330 SW 62ND PLACE**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**22**      **27**  
City & State      City & State  
**23**      **28** **MIAMI, FL**  
Zip      Country      Zip      Country  
**24**      **25**      **29** **33143**      **30** **USA**

4. FEI Number      Applied For  
**59-2352227**      Not Applicable  
5. Certificate of Status Desired      ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing      ☐ **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes      ☐ Yes      ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUILFORD, GREGG P**  
**45610 SW 40TH STREET**  
**MIAMI FL 33143**

**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **MIAMI**      **FL**      **B5** Zip Code **33143**

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 agent. I am familiar with, 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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STOIK, ROSITA, M.D.</b>	
STREET ADDRESS	<b>7330 S.W. 62ND PLACE #210</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STOIK, ROSITA, M.D.</b>	
STREET ADDRESS	<b>7330 S.W. 62ND PLACE #320</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STOIK, ROSITA, M.D.</b>	
STREET ADDRESS	<b>7330 S.W. 62ND PLACE #300</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>RHORMAN, ROUCE</b>
2.3 STREET ADDRESS	<b>7330 SW 62ND PLACE #320</b>
2.4 CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HARRIS, ROBERT</b>
3.3 STREET ADDRESS	<b>7330 SW 62ND PLACE</b>
3.4 CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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      **Robert Harris**      **4/3/97**

CR2E037 (9/96)