

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769772

FILED
Feb 26, 2009
Secretary of State

Entity Name: SOUTH MIAMI MEDICAL SQUARE ASSOCIATION, INC.

Current Principal Place of Business:

7330 SW 62ND PLACE
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

PO BOX 430294
SOUTH MIAMI, FL 33243 US

New Mailing Address:

FEI Number: 59-2352227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, MARIA DEL G
7330 SW 62ND PLACE
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STOIK, ROSITA P
Address: 7330 S.W. 62ND PLACE SUITE 210
City-St-Zip: MIAMI, FL 33143

Title: P () Delete
Name: STEWART, MARIA DEL G
Address: 7330 S.W. 62ND PLACE SUITE 310
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: WETTER, PAUL A
Address: 7330 S.W. 62ND PLACE SUITE 410
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: WENDSCHUH, PETER H
Address: 7330 S.W. 62ND PLACE SUITE 300
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: EISEMANN, JUERGEN
Address: 7330 S.W. 62ND PLACE SUITE 405
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA DEL STEWART

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date