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Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N47975 (0)

1. Corporation Name

SOUTH MIAMI MEDICAL SQUARE UMBRELLA ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7300 S.W. 62ND PLACE  
SOUTH MIAMI FL 33143  
US

50 W. MASHTA DR.  
SUITE 5  
KEY BISCAIYNE FL 33149-2499  
US

3. Date Incorporated or Qualified  
03/20/1992

3a. Date of Last Report  
01/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

65-0472753

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

TERREMARK CORPORATION AGENTS, INC.  
2601 SO. BAYSHORE DR. 19TH FL.  
19TH FLOOR  
MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV  
NAME HIRSCH, NATHAN B., M.D.  
STREET ADDRESS 7300 SW 62 PLACE, 3RD FL  
CITY-ST-ZIP SOUTH MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DP  
NAME BARREDO, VICTOR, M.D.  
STREET ADDRESS 7330 S.W. 62ND PL., #310  
CITY-ST-ZIP SOUTH MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME LONDON, EDWARD  
STREET ADDRESS 50 WEST MASHTA DR., #1  
CITY-ST-ZIP KEY BISCAIYNE FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

50 W MASHTA DR STE 5

TITLE DST  
NAME FINE, JEFFREY M., ESQ.  
STREET ADDRESS 2222 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, changed, or on an attachment with an address.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 306-362-9720

Date

Daytime Phone # 0030725

CR2E037 (9/96)