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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 BISCAYNE FL 33149
US

3. Date Incorporated or Qualified

03/20/1992

4. FEI Number

65-0472753

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

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

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

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

TITLE **D** ☐ DELETE
NAME **LONDON, EDWARD**
STREET ADDRESS **50 W. MASHTA DR., SUITE E45**
CITY-ST-ZIP **KEY BISCAYNE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **50 W. MASHTA DR SUITE # 5**
3.4 CITY-ST-ZIP

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **DST**
4.4 CITY-ST-ZIP **STOIK, ROSITA**
7330 SW 62nd PL # 210
SOUTH MIAMI, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:  **USE REQUIRED**

1/8/98 305-361-9720

CR2E037 (10/97)