

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47975

1. Entity Name

SOUTH MIAMI MEDICAL SQUARE UMBRELLA ASSOCIATION,

Principal Place of Business

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

Mailing Address

641 SOUTH MASHTA DRIVE
KEY BISCAVNE FL 33149
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0472753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

I EDWARD LONDON

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

50 W MASHTA DR, #2

City

KEY BISCAVNE

FL

Zip Code

33149

8. 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

I EDWARD LONDON

2/18/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LONDON, EDWARD
50 W MASHTA DR STE 5
KEY BISCAVNE FL

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
50 W MASHTA DR, #2

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STREET ADDRESS
CITY-ST-ZIP
DST
STOIK, ROSTIA
7330 SW 62ND PL #210
SOUTH MIAMI FL

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

I EDWARD LONDON 2/18/01 305-361-9720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

UNIFORM