


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007161
1. Entity Name
SOUTH MIAMI MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.



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|--|---|
| Principal Place of Business 7300 SW 62 ND PL MIAMI, FL 33133 | Mailing Address 1794 OPECHEE DR MIAMI, FL 33133 |
|--|---|

DO NOT WRITE IN THIS SPACE



04012004 No Chg-NP CR2E037 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0968834 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LONDON, I E
1794 OPECHEE DR
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000104113
04/05/04-80084-024 61.25

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MAYORAL, FLOR MD 7300 SW 62ND PL PH NEST MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD EISERMANN, JUERGEN 7300 SW 62ND PLACE, 4TH FL MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TSD HIRSH, NATHAN B M.D 7300 SW 62ND PL MIAMI, FL 33143 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Nathan B. Marsh - TSD** Date: **4/1/04** Daytime Phone #: **305-857-0466**