

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007161

FILED
Mar 09, 2010
Secretary of State

Entity Name: SOUTH MIAMI MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7300 SW 62 ND PL
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2699 TIGERTAIL AVE #54
MIAMI, FL 33133

New Mailing Address:

8321 SW 164 STREET
MIAMI, FL 33157

FEI Number: 65-0968834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYCE, SHEILA K
2699 TIGERTAIL AVE #54
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

BUTLER, KATHRYN A
8321 SW 164 ST
MIAMI, FL 33157 US

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: KATHRYN BUTLER

03/09/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: HIRSCH, NATHAN B MD
Address: 7300 SW 62ND PLACE, 3RD FLOOR
City-St-Zip: MIAMI, FL 33143

Title: PD
Name: SERURE, ALAN MD
Address: 7300 SW 62ND PLACE, SUITE 200
City-St-Zip: MIAMI, FL 33143

Title: TSD
Name: EISERMANN, JUERGEN M.D
Address: 7300 SW 62ND PL, 4TH FLOOR
City-St-Zip: MIAMI, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN BUTLER

PM

03/09/2010

Electronic Signature of Signing Officer or Director

Date