

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765068

Entity Name: 555 MEDICAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

555 BILTMORE WAY
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 402867
MIAMI BEACH, FL 33140 US

FEI Number: 59-2237940

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOUTIQUE HOSPITALITY MANAGEMENT
555 BILTMORE WAY
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SUSAN, SOCAS
Address 555 BILTMORE WAY, SUITE 202
City-State-Zip: CORAL GABLES FL 33134

Title T
Name ARMANDO, HASSUN
Address 555 BILTMORE WAY, SUITE 201/203
City-State-Zip: CORAL GABLES FL 33134

Title V
Name GARCIA, FAUSTINO
Address 555 BILTMORE WAY, SUITE 102
City-State-Zip: CORAL GABLES FL 33134

Title PROPERTY MANAGER
Name SPACE, KEITH
Address P.O. BOX 402867
City-State-Zip: MIAMI BEACH FL 33140

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: KEITH SPACE

PROPERTY MANAGER

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date