

**2017 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:**

555 BILTMORE WAY  
SUITE 202  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-2237940

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOCAS, SUSAN F DR.  
555 BILTMORE WAY  
SUITE 202  
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:** DR. SUSAN F. SOCAS

03/03/2017

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

Title T  
Name INTERIAN, CARLOS  
Address 555 BILTMORE WAY, 206  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name TORRENTE, ALICIA  
Address 555 BILTMORE WAY  
SUITE 101  
City-State-Zip: CORAL GABLES FL 33134

*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:** SUSANA SOCAS

P

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date