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: DR. SUSAN F. SOCAS

Electronic Signature of Signing Officer/Director Detail

02/29/2016 PRESIDENT/REG. AGENT

Certificate of Status Desired: No

SIGNATURE: DR. SUSAN F. SOCAS Electronic Signature of Registered Agent

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.

Officer/Director Detail :			
Title	P	Title	V
Name	SUSAN, SOCAS	Name	GARCIA, FAUSTINO
Address	555 BILTMORE WAY, SUITE 202	Address	555 BILTMORE WAY, SUITE 102
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	т		
Name	ARMANDO, HASSUN		
Address	555 BILTMORE WAY, SUITE 201/203		
City-State-Zip:	CORAL GABLES FL 33134		

2016 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

Name and Address of Current Registered Agent:

SOCAS, SUSAN F DR. 555 BILTMORE WAY SUITE 202 CORAL GABLES, FL 33134 US

FILED Feb 29, 2016 Secretary of State CC3508652096

02/29/2016

Date

Date