

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 769772

**Entity Name:** SOUTH MIAMI MEDICAL SQUARE ASSOCIATION, INC.

**Current Principal Place of Business:**

KW PROPERTY MANAGEMENT & CONSULTING  
8200 NW 33RD ST SUITE 300  
DORAL, FL 33122

**Current Mailing Address:**

% KW PROPERTY MANAGEMENT & CONSULTING  
8200 NW 33RD STREET SUITE 300  
DORAL, FL 33122 US

**FEI Number:** 59-2352227

**Certificate of Status Desired:** Yes

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

SIEGFRIED, RIVERA, LERNER ET AL.  
C/O SIEGFRIED, RIVERA, LERNER ET AL.  
201 ALHAMBRA CIRCLE SUITE 11022  
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:** GARY MARS, ESQ.

01/28/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name EISERMANN, JUERGEN  
Address 7300 SW 62 PLACE SUITE 405  
City-State-Zip: SOUTH MIAMI FL 33143

Title VP  
Name HIRSCH, NATHAN  
Address 7330 S.W. 62ND PLACE SUITE  
City-State-Zip: MIAMI FL 33143

Title PRESIDENT  
Name SERURE, ALAN MD  
Address 7330 S.W. 62ND PLACE SUITE 200  
City-State-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:** ALAN SERURE, M.D.

PRESIDENT

01/28/2018

Electronic Signature of Signing Officer/Director Detail

Date