

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47975

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**5284326108CC**

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

**Current Principal Place of Business:**

% ALL STAR PROPERTIES OF MIAMI INC  
8585 SUNSET DRIVE SUITE 105  
MIAMI, FL 33143

**Current Mailing Address:**

% ALL STAR PROPERTIES OF MIAMI INC  
8585 SUNSET DRIVE SUITE 105  
MIAMI, FL 33143 US

**FEI Number: 65-0472753**

**Certificate of Status Desired: No**

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

SIEGFRIED, RIVERA, LERNER, ET AL.  
C/OSIEGFRIED, RIVERA, LERNER ET AL.  
201 ALHAMBRA CIRCLE SUITE 1102  
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.

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DV  
Name HIRSCH, NATHAN B., M.D.  
Address 7300 SW 62 PLACE, 3RD FL  
City-State-Zip: SOUTH MIAMI FL 33143

Title TREASURER  
Name EISERMANN, JUERGEN DR.  
Address 7300 SW 62 PLACE, 4TH FLOOR  
City-State-Zip: MIAMI FL 33143

Title PRESIDENT  
Name SERURE, ALAN DR.  
Address 7300 SW 62ND PL  
200  
City-State-Zip: SOUTH 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:** SERURE , ALAN , DR.

PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date