

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47975

FILED
Feb 26, 2014
Secretary of State
CC5544988261

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

Current Principal Place of Business:

7300 S.W. 62ND PLACE
SOUTH MIAMI, FL 33143

Current Mailing Address:

C/O POINTE GROUP ADVISORS
13762 W. STATE ROAD84 SUITE 615
DAVIE, FL 33325 US

FEI Number: 65-0472753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POINTE GROUP MANAGEMENT
C/O POINTE GROUP ADVISORS
13762 W. STATE ROAD84 SUITE 615
DAVIE, FL 33325 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 DV
Name HIRSCH, NATHAN B., M.D.
Address 7300 SW 62 PLACE, 3RD FL
City-State-Zip: SOUTH MIAMI FL 33143

Title D
Name FLOYD, PHILIP
Address 7300 SW 62 PLACE PH-W
City-State-Zip: MIAMI FL 33143

Title DST
Name STOIK, ROSTIA
Address 7330 SW 62ND PL #210
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: POINTE GROUP MANAGEMENT

REGISTERED AGENT

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date