

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47975

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC9389919043**

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

**Current Principal Place of Business:**

8200 NW 33RD ST  
SUITE 300  
MIAMI, FL 33122

**Current Mailing Address:**

C/O RIVERGATE KW MANAGEMENT  
8200 NW 33RD ST SUITE 300  
MIAMI, FL 33122 US

**FEI Number: 65-0472753**

**Certificate of Status Desired: No**

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

FIELDSTONE, RONALD  
C/O ARNSTEIN & LEHR  
200 SOUTH BISCAYNE BLVD SUITE 3600  
MIAMI, FL 33131 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: RONALD FIELDSTONE**

**04/29/2015**

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: HIRSCH, NATHAN B., M.D.**

**DV**

**04/29/2015**

Electronic Signature of Signing Officer/Director Detail

Date