

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007161

**Entity Name:** SOUTH MIAMI MEDICAL ARTS CENTER CONDOMINIUM 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:** 65-0968834

**Certificate of Status Desired:** No

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

SIEGFRIED, RIVERA, LERNER, SOBEL ET AL.  
C/O SIEGFRIED, 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.

04/29/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name HIRSCH, NATHAN BMD  
Address 7300 SW 62ND PLACE, 3RD FLOOR  
City-State-Zip: MIAMI FL 33143

Title PD  
Name SERURE, ALAN MD  
Address 7300 SW 62ND PLACE, SUITE 200  
City-State-Zip: MIAMI FL 33143

Title TSD  
Name EISERMANN, JUERGEN M.D  
Address 7300 SW 62ND PL, 4TH FLOOR  
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

**PRESIDENT**

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date