

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 26, 2014
Secretary of State
CC6032734708

Entity Name: SOUTH MIAMI MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7300 SW 62 ND PL
MIAMI, FL 33133

Current Mailing Address:

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

FEI Number: 65-0968834

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HENDERSON, MARIA
C/O POINTE GROUP ADVISORS
13762 W. STATE ROAD 84 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: MARIA HENDERSON

02/26/2014

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: HIRSCH , NATHAN

VICE PRESIDENT

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date