

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007161

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

**FILED**  
**Jun 13, 2013**  
**Secretary of State**  
**CC7975878597**

**Current Principal Place of Business:**

7300 SW 62 ND PL  
MIAMI, FL 33133

**Current Mailing Address:**

3100 NW 72ND AVENUE  
SUITE 113  
MIAMI, FL 33157

**FEI Number: 65-0968834**

**Certificate of Status Desired: Yes**

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

SOUTH FLORIDA CONDOMINIUM MANAGEMENT INC.  
3100 NW 72ND AVENUE  
SUITE 113  
MIAMI, FL 33122 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            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**

**PD**

**06/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date