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

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

8200 NW 33RD ST SUITE 303 MIAMI, FL 33122

## **Current Mailing Address:**

DOCUMENT# N99000007161

% RIVERGATE KW MANAGEMENT 8200 NW 33RD ST, SUITE 303 MIAMI, FL 33122 US

## FEI Number: 65-0968834

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

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

Certificate of Status Desired: No

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
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Electronic Signature of Registered Agent

# Officer/Director Detail .

Officer/Director Detail :					
Title	VPD	Title	PD		
Name	HIRSCH, NATHAN BMD	Name	SERURE, ALAN MD		
Address	7300 SW 62ND PLACE, 3RD FLOOR	Address	7300 SW 62ND PLACE, SUITE 200		
City-State-Zip:	MIAMI FL 33143	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: DR. ALAN SERURE

PRESIDENT

07/20/2016

Electronic Signature of Signing Officer/Director Detail

07/20/2016 Date

# FILED Jul 20, 2016 Secretary of State CC9591514115