

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765068

1. Entity Name

555 MEDICAL CENTER ASSOCIATION, INC.

Principal Place of Business

555 BILTMORE WAY
CORAL GABLES FL 33134
US

Mailing Address

C/O ABOOD & ASSOC
2701 PONCE DE LEON BLVD. SUITE 200
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2237940

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABOOD & ASSOC
2701 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME GARCIA, FAUSTINO DR
STREET ADDRESS 555 BILTMORE WAY, #102
CITY-ST-ZIP MIAMI FL 331
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE P
NAME ABADIN, JOSE
STREET ADDRESS 555 BILTMORE WAY, #104
CITY-ST-ZIP CORAL GABLES FL 33134
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE PD ABOOD
NAME ABOOD, JOSE DR
STREET ADDRESS 555 BILTMORE WAY, #105
CITY-ST-ZIP MIAMI FL 33134
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE SD
NAME REID, FRANCIS
STREET ADDRESS 555 BILTMORE WAY #205
CITY-ST-ZIP MIAMI FL 33139
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90112 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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