2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 765068

Entity Name: 555 MEDICAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

555 BILTMORE WAY
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 402867
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 59-2237940 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUTIQUE HOSPITALITY MANAGEMENT
234 MERIDIAN AVENUE
#4
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ABADIN, JOSE
Address: 555 BILTMORE WAY, SUITE 104
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V ( ) Delete
Name: GARCIA, FAUSTINO
Address: 555 BILTMORE WAY, SUITE 102
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T ( ) Delete
Name: SOCAS, SUSAN
Address: 555 BILTMORE WAY, SUITE 202
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PUL ACC. 01/15/2009

Electronic Signature of Signing Officer or Director — Date