## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#765068** 

FILED Jaņ 06, 2<u>01</u>0 Secretary of State

US

Entity Name: 555 MEDICAL CENTER ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

555 BILTMORE WAY

CORAL GABLES, FL 33134 LIS

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 402867

MIAMI BEACH, FL 33140 US

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

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

**BOUTIQUE HOSPITALITY MANAGEMENT** BOUTIQUE HOSPITALITY MANAGEMENT 234 MERIDIAN AVENUE 3610 ALHAMBRA COURT CORAL GABLES, FL 33134

MIAMI BEACH, FL 33139 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: PU AS AGENT FOR BHM 01/06/2010

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name: SUSAN, SOCAS

Address: 555 BILTMORE WAY, SUITE 202 City-St-Zip: CORAL GABLES, FL 33134 US

Title:

Name: GARCIA, FAUSTINO

Address: 555 BILTMORE WAY, SUITE 102 City-St-Zip: CORAL GABLES, FL 33134 US

Title:

ARMANDO, HASSUN Name:

555 BILTMORE WAY, SUITE 201/203 Address: City-St-Zip: CORAL GABLES, FL 33134 US

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: PU 01/06/2010