2000 UNIFORM BUSINESS REPORT (UBR)

I. EDWARD SIGNATURE: ___

FILED DOCUMENT # 769772 May 13, 2000 8:00 am 1. Entity Name Secretary of State SOUTH MIAMI MEDICAL SQUARE ASSOCIATION, INC. 05-13-2000 90025 012 ****61.25 Principal Place of Business Mailing Address 5250 SW 76TH STREET 7330 SW 62ND PLACE SOUTH MIAMI FL 33143-5949 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #. etc. Applied For 4. FEI Number City & State City & State 59-2352227 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent water a water of the same of the same of the Street Address (P.O. Box Number is Not Acceptable) GUILFORD. GREGG P 1550 MADRUGA AVE SUITE 304 Zip Code City CORAL GABLES FL 33146 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Defete TITLE TITLE STOIK, ROSITA, M.D. NAME STREET ADDRESS STREET ADDRESS 7330 S.W. 62ND PLACE #210 CITY-ST-ZIP CITY-ST-ZIF **SOUTH MIAMI FL 33143** ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME KHORMAN, BRUCE NAME STREET ADDRESS STREET ADDRESS 7330 SW 62ND PLACE, #320 CITY-ST-ZIP CITY-ST-ZIP SOUTH MIAMI FL ☐ Delete TITLE ☐ Addition TITLE LONDON, I. EDWARD NAME STREET ADDRESS STREET ADDRESS 641 S. MASHTA DRIVE CITY-ST-ZIP CITY-ST-7IP **KEY BISCAYNE FL 33149** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling 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 employment to execute this report as required by Grapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like ampowered.