PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM	. •		S	DEPART Secretary SION OF C	of S	-		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # 769772							-	08 JUL -3 PN 12: 38		
South Miami Medical Square Association, Inc.								BAISIONENTOS-E		
2. Principal Office Address - No P.O. Box # 3. Mailing Offi					Tires Artificae	Tipe Address			'00131246267 .2/0801042012 **\$42.50	
·					430294				CR2E081 (12/07)	
Suite, Apri. #, etc. Suite, Apri. #									CRZEGOT (1207)	
									corated or Qualified 08/09/1983	
City & State City & State									0/0//10	
Miami, Florida				Miami, Florida				5. FEI Number 59235222		
Zip			у	Zip			Sountry 6.		SSTS Additions Fee required	
33143	143 USA			33243		USA		CERTIFICATE	OF STATUS DESIRED for a Certificate of Status	
7. Name and Address of Current Registered Agent										
Name MARIA DEL CARMEN G. STEWART								The reinstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable) 7330 SW 62ND PLACE							circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt. #, Etc. SUITÉ 310										
City MIAMI					State Zip Code 33143			i		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent MUST SIGN Date MWW 4, 2008										
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Titles		Name of ers and/or Directors		Street Address of Each Officer and/or Director			<u>. </u>	City / State / Zip		
Pres.	Maria del Carmen G. Stewart 7					7330 SW 62nd Place Suite 310			Miami, Florida 33143	
Dir.	Paul A. Wetter 73					7330 SW 62nd Place Suite 410			Miami, Florida 33143	
Dir	Peter H. Wendschuh 7					7330 SW 62nd Place Suite 300			Miami, Florida 33143	
Dic.	Juergen Eisemann					7330 SW 62nd Place Suite 405			Miami, Florida 33143	
Dir.	Rosita Petech Stoik					7330 SW 62nd Place Suite 210			Miami, Florida 33143	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.										
SIGNATURE: MANUAL WWW. G. SIGNATURE JUM 4, 2008 305.496.5325 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #										