FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K17295** **(2)**

1. Corporation Name

SOUTH MIAMI MEDICAL OFFICE BUILDING MANAGEMENT C ORPORATION

Principal Place of Business
7231 SW 63 AVE
S MIAMI FL 33143

Mailing Address
7231 SW 63 AVE
S MIAMI FL 33143

3. Date Incorporated or Qualified: 03/07/1988
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-2374431 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 8940 N. KENDALL DRIVE
Suite, Apt. #, etc.
22 # 300E - EAST TOWER
City & State
23 MIAMI, FL
Zip 24 33156 — Country 25 DADE

2a. Mailing Address
26 8940 N. KENDALL DRIVE
Suite, Apt. #, etc.
27 #300E - EAST TOWER
City & State
28 MIAMI, FL
Zip 29 33156 — Country 30 DADE

9. **Name and Address of Current Registered Agent**

KALMAN, LEONARD A.
7231 SW 63 AVE
S MIAMI FL 33143

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provision of Sections 607.0502 and 607.1501, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1 1 TITLE	☒ Change ☐ Addition
NAME	LIEBLING, MARTIN E., M.D		1 2 NAME	
STREET ADDRESS	7231 SW 63RD AVE		1 3 STREET ADDRESS	8940 N. KENDALL DR, #300E
CITY-ST-ZIP	S. MIAMI FL		1 4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D	☐ DELETE	2 1 TITLE	☒ Change ☐ Addition
NAME	FEINBERG, ALAN D., M.D.		2 2 NAME	
STREET ADDRESS	7231 SW 63RD AVE		2 3 STREET ADDRESS	8940 N. KENDALL DR, # 300E
CITY-ST-ZIP	S. MIAMI FL		2 4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DT	☐ DELETE	3 1 TITLE	☒ Change ☐ Addition
NAME	CITRON, PETER L., M.D.		3 2 NAME	
STREET ADDRESS	7231 SW 63RD AVE		3 3 STREET ADDRESS	8940 N. KENDALL DR, # 300E
CITY-ST-ZIP	S. MIAMI FL		3 4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DS	☐ DELETE	4 1 TITLE	☒ Change ☐ Addition
NAME	KALMAN, LEONARD A., M.D.		4 2 NAME	
STREET ADDRESS	7231 SW 63RD AVE		4 3 STREET ADDRESS	8940 N. KENDALL DR, #300E
CITY-ST-ZIP	S. MIAMI FL		4 4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE		☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6 2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Lieb[illegible] President — [date illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)