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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # K17295

1. Corporation Name

SOUTH MIAMI MEDICAL OFFICE BUILDING MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
Suite 300E 8940 N. Kendall Drive Miami, FL 33176	Suite 300E 8940 N. Kendall Drive Miami, FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1988

2. Principal Place of Business	21 8940 N. Kendall Drive	2a. Mailing Address	26 8940 N. Kendall Dr.
Suite, Apt. #, etc	22 #300E - East Tower	Suite, Apt. #, etc.	27 #300E - East Tower
City & State	23 Miami, FL	City & State	28 Miami, FL
Zip / Country	24 33176 / 25 Dade	Zip / Country	29 33176 / 30 Dade

4. FEI Number: 65-0049640 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Kalman, Leonard A., M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 8940 N. Kendall Drive, #300E
83
84 City: Miami **FL** 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Liebling, Martin E., M.D. 8940 N. Kendall Drive, #300E Miami, FL 33176	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Feinberg, Alan D., M.D. 8940 N. Kendall Drive, #300E Miami, FL 33176	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DV Feinberg, Alan D., M.D. 8940 N. Kendall Drive, #300E Miami, FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Citron, Peter L., M.D. 8940 N. Kendall Drive, #300E Miami, FL 33176	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Kalman, Leonard A., M.D. 8940 N. Kendall Drive, #300E Miami, FL 33176	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	400002482024 -04/08/98--01014--002 ***150.00	☐ Change ☐ Addition

25 4/7

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: LKalman MD 3/1/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)