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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
Suite 300E
8940 N. Kendall Drive
Miami, FL 33176

Mailing Address
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
Suite, Apt. #, etc: 22 #300E - East Tower
City & State: 23 Miami, FL
Zip: 24 33176 Country: 25 Dade

2a. Mailing Address: 26 8940 N. Kendall Dr.
Suite, Apt. #, etc.: 27 #300E - East Tower
City & State: 28 Miami, FL
Zip: 29 33176 Country: 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
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	Liebling, Martin E., M.D.	
STREET ADDRESS	8940 N. Kendall Drive, #300E	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	D	☐ DELETE
NAME	Feinberg, Alan D., M.D.	
STREET ADDRESS	8940 N. Kendall Drive, #300E	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	DT	☐ DELETE
NAME	Citron, Peter L., M.D.	
STREET ADDRESS	8940 N. Kendall Drive, #300E	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	DS	☐ DELETE
NAME	Kalman, Leonard A., M.D.	
STREET ADDRESS	8940 N. Kendall Drive, #300E	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DV	☒ Change ☐ Addition
2.2 NAME	Feinberg, Alan D., M.D.	
2.3 STREET ADDRESS	8940 N. Kendall Drive, #300E	
2.4 CITY-ST-ZIP	Miami, FL 33176	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	400002482024	☐ Change ☐ Addition
6.2 NAME	-04/08/98--01014--002	
6.3 STREET ADDRESS	***150.00	
6.4 CITY-ST-ZIP		

25 4/7

CR2E034 (10/97)

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: L Kalman M.D. 3/1/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #