

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47975

FILED
Apr 03, 2008
Secretary of State

Entity Name: SOUTH MIAMI MEDICAL SQUARE UMBRELLA ASSOCIATION, INC.

Current Principal Place of Business:

7300 S.W. 62ND PLACE
SOUTH MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

2699 TIGERTAIL AVE #54
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 65-0472753 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BOYCE, SHEILA K
2699 TIGERTAIL AVENUE 5
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: HIRSCH, NATHAN B., M., D.
Address: 7300 SW 62 PLACE, 3RD FL
City-St-Zip: SOUTH MIAMI, FL 33143

Title: DP () Delete
Name: BARREDO, VICTOR, M.D., .
Address: 7330 S.W. 62ND PL., #310
City-St-Zip: SOUTH MIAMI, FL 33143

Title: D () Delete
Name: BOYCE, THOMAS H
Address: 2699 TIGERTAIL AVE #54
City-St-Zip: MIAMI, FL 33133

Title: DST () Delete
Name: STOIK, ROSTIA
Address: 7330 SW 62ND PL #210
City-St-Zip: SOUTH MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BOYCE

D

04/03/2008

Electronic Signature of Signing Officer or Director

Date