2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47975

FILED May 04, 2010 Secretary of State

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

New Principal Place of Business: Current Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

2699 TIGERTAIL AVE #54 8321 SW 164 ST MIAMI, FL 33133 MIAMI, FL 33157 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYCE, SHEILA K BUTLER, KATHRYN 2699 TIGERTAIL AVENUE #54 8321 SW 164 ST MIAMI, FL 33133 US MIAMI, FL 33157

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: KATHRYN BUTLER 05/04/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title:

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

Title:

Title:

BOYCE, THOMAS H Name: Address: 2699 TIGERTAIL AVE #54 City-St-Zip: MIAMI, FL 33133

DST Name: STOIK, ROSTIA

7330 SW 62ND PL #210 Address: City-St-Zip: SOUTH MIAMI, FL 33143

I hereby 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 all other like empowered.

SIGNATURE: NATHAN HIRSCH DV 05/04/2010