2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007
Secretary of State

DOCUMENT# N99000007161

Entity Name: SOUTH MIAMI MEDICAL ARTS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7300 SW 62 ND PL
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2699 TIGERTAIL AVE #54
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0968834 **FEI Number Applied For ( )** **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:

LONDON, I E
2699 TIGERTAIL AVE #51
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: PD ( ) Delete
Name: BOYCE, THOMAS H
Address: 2699 TIGERTAIL AVE #54
City-St-Zip: MIAMI, FL 33133

Title: VPD ( ) Delete
Name: SERURE, ALAN MD
Address: 7300 SW 62ND PLACE, SUITE 200
City-St-Zip: MIAMI, FL 33143

Title: TSD ( ) Delete
Name: EISERMANN, JUERGEN M.D
Address: 7300 SW 62ND PL, 4TH FLOOR
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HIRSCH, NATHAN B MD
Address: 7300 SW 62ND PLACE, 3RD FLOOR
City-St-Zip: MIAMI, FL 33143

Title: PD (X) Change ( ) Addition
Name: SERURE, ALAN MD
Address: 7300 SW 62ND PLACE, SUITE 200
City-St-Zip: MIAMI, FL 33143

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: NATHAN B. HIRSCH VPD 07/09/2007

Electronic Signature of Signing Officer or Director — Date