

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007161

FILED  
Apr 24, 2012  
Secretary of State

**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:**

8321 SW 164 STREET  
MIAMI, FL 33157

**New Mailing Address:**

3100 NW 72ND AVENUE  
SUITE 113  
MIAMI, FL 33157

FEI Number: 65-0968834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUTLER, KATHRYN A  
8321 SW 164 ST  
MIAMI, FL 33157 US

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

SOUTH FLORIDA CONDOMINIUM MANAGEMENT INC.  
3100 NW 72ND AVENUE  
SUITE 113  
MIAMI, FL 33122 US

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: SOUTH FLORIDA CONDOMINIUM MANAGEMENT INC

04/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: HIRSCH, NATHAN B MD  
Address: 7300 SW 62ND PLACE, 3RD FLOOR  
City-St-Zip: MIAMI, FL 33143

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

Title: TSD  
Name: EISERMANN, JUERGEN M.D  
Address: 7300 SW 62ND PL, 4TH FLOOR  
City-St-Zip: 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: ALAN SERURE

P

04/24/2012

Electronic Signature of Signing Officer or Director

Date