

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004117

FILED
Apr 30, 2012
Secretary of State

Entity Name: MIAMI DADE STROKE CONSORTIUM, INC.

Current Principal Place of Business:

3661 SOUTH MIAMI AVE SUITE 209
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3661 SOUTH MIAMI AVE SUITE 209
MIAMI, FL 33133

New Mailing Address:

FEI Number: 45-2885002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 EAST PARK AVE
TALLAHASSEE, FL 32301 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: P
Name: HORSTMAYER, JEFFREY L MD
Address: 3661 SOUTH MIAMI AVE, SUITE 209
City-St-Zip: MIAMI, FL 33133 US

Title: S
Name: FORTEZA, ALEJANDRO M MD
Address: 3801 BISCAYNE BLVD, SUITE 230
City-St-Zip: MIAMI, FL 33137 US

Title: D
Name: CURRY, JOHN
Address: 2815 SALZEDO STREET
City-St-Zip: MIAMI, FL 33134 US

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: JEFFREY L. HORSTMAYER, MD

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date