

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004117

**Entity Name:** MIAMI DADE STROKE CONSORTIUM, INC.

**Current Principal Place of Business:**

2150 CORAL WAY  
8TH FLOOR  
MIAMI, FL 33145

**Current Mailing Address:**

2150 CORAL WAY  
8TH FLOOR  
MIAMI, FL 33145 US

**FEI Number:** 45-2885002

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HORSTMYER, JEFFREY L DR.  
Address 3661 SOUTH MIAMI AVE, SUITE 209  
City-State-Zip: MIAMI FL 33133

Title S  
Name FORTEZA, ALEJANDRO M DR.  
Address 3801 BISCAYNE BLVD, SUITE 230  
City-State-Zip: MIAMI FL 33137

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

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 HORSTMYER, MD

**CHAIRMAN**

**04/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date