

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710165** (2)

1. Corporation Name

NORTH DADE MEDICAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1175 N.E. 125TH STREET
SUITE 417
NORTH MIAMI FL 33161

1175 N.E. 125TH STREET
SUITE 417
NORTH MIAMI FL 33161



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/04/1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0694393
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	xxx \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	Trust Fund Contribution
		7. Is this nonprofit corporation a homeowners association?
		Yes No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
		Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIBLIN, SANDRA R
1175 N.E. 125TH STREET
SUITE 417
NORTH MIAMI FL 33161

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD	1.1 TITLE	D/C
NAME	CESAR J. SASTRE, M. D.	1.2 NAME	HAROLD C. SPEAR, M.D.
STREET ADDRESS	1100 NW 95TH ST	1.3 STREET ADDRESS	1175 N.E. 125th Street, #417
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	North Miami, FL 33161
TITLE	D	2.1 TITLE	D/V
NAME	GERBER, PAUL U.	2.2 NAME	CHESTER H. MORRIS, M.D.
STREET ADDRESS	1100 NW 95TH STREET	2.3 STREET ADDRESS	1175 N.E. 125th Street, #417
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	North Miami, FL 33161
TITLE	D	3.1 TITLE	D/S
NAME	CORIN, MORTON S. M.D.	3.2 NAME	MAXINE A. THURSTON, PH.D.
STREET ADDRESS	1100 NW 95TH STREET	3.3 STREET ADDRESS	1175 N.E. 125th Street, #417
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	North Miami, FL 33161
TITLE	SD	4.1 TITLE	D/T
NAME	MOHSIN, JAFFER M	4.2 NAME	WILLIAM J. HEFFERNAN
STREET ADDRESS	1100 NW 95TH ST	4.3 STREET ADDRESS	1175 N.E. 125th Street, #417
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	North Miami, FL 33161
TITLE	CD	5.1 TITLE	D
NAME	DAVIGLUS, GEORGE F M.D.	5.2 NAME	MALCOLM G. GOLDSMITH, M.D.
STREET ADDRESS	1100 NW 95TH STREET	5.3 STREET ADDRESS	1175 N.E. 125th Street, #417
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	North Miami, FL 33161
TITLE	D	6.1 TITLE	D
NAME	KENNETH C. FISCHER, M. D.	6.2 NAME	JOHN H. KATHE, M.D.
STREET ADDRESS	1100 NW 95TH STREET	6.3 STREET ADDRESS	1175 N.E. 125th Street, #417
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	North Miami, FL 33161

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra R. Giblin Sandra R. Giblin 1/6/98 305-893-2991

CR2E037 (10/97)

North Dade Medical Foundation, Inc.

1175 N. E. 125 Street, Suite 417 • North Miami, Florida 33161
Telephone (305) 893-2991 • Fax (305) 893-2993

ADDITIONAL/CHANGES TO OFFICERS AND DIRECTORS

ADDITIONAL PAGE

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ALLAN M. GREENBERG, M.D.
1175 N.E. 125th STREET, #417
North Miami, FL 33161

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ADDITION

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VINCENT J. SCHAFMEISTER
1175 N.E. 125th STREET, #417
North Miami, FL 33161

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ADDITION

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C. L. WILSON, M.D.
1175 N.E. 125th STREET, #417
North Miami, FL 33161

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ADDITION