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FILED  
Jul 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710165  
1. Corporation Name

NORTH DADE MEDICAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1175 N.E. 125 Street  
Suite #417  
North Miami, FL 33161

1175 N.E. 125 St.  
Suite #417  
North Miami, FL 33161

3. Date Incorporated or Qualified

01/04/1966

4. FEI Number

59-0694393

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

Sandra R. Giblin  
1175 N. E. 125 Street  
Suite #417  
North Miami, FL 33161

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE D/C ☐ DELETE

NAME HAROLD C. SPEAR, M.D.

STREET ADDRESS 1175 N.E. 125 Street, #417

CITY-ST-ZIP North Miami, FL 33161

TITLE D/V ☐ DELETE

NAME CHESTER H. MORRIS, M.D.

STREET ADDRESS 1175 N.E. 125 Street, #417

CITY-ST-ZIP North Miami, FL 33161

TITLE D/S ☒ DELETE

NAME MAXINE A. THURSTON, Ph.D.

STREET ADDRESS 1175 N.E. 125 Street, #417

CITY-ST-ZIP North Miami, FL 33161

TITLE D/T ☐ DELETE

NAME WILLIAM J. HEFFERNAN

STREET ADDRESS 1175 N.E. 125 Street, #417

CITY-ST-ZIP North Miami, FL 33161

TITLE D ☐ DELETE

NAME JOHN H. KATHE, M.D.

STREET ADDRESS 1175 N.E. 125 Street, #417

CITY-ST-ZIP North Miami, FL 33161

TITLE D ☐ DELETE

NAME ALLAN M. GREENBERG, M.D.

STREET ADDRESS 1175 N.E. 125 Street, #417

CITY-ST-ZIP North Miami, FL 33161

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S ☒ Change ☐ Addition

1.2 NAME MALCOLM G. GOLDSMITH, M.D.

1.3 STREET ADDRESS 1175 N.E. 125 Street, #417

1.4 CITY-ST-ZIP North Miami, FL 33161

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Jesse J. McCrary

2.3 STREET ADDRESS 1175 N.E. 125 Street, #417

2.4 CITY-ST-ZIP North Miami, FL 33161

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME VINCENT J. SCHAFMEISTER

3.3 STREET ADDRESS 1175 N.E. 125 Street, #417

3.4 CITY-ST-ZIP North Miami, FL 33161

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME C. L. WILSON, M.D.

4.3 STREET ADDRESS 1175 N.E. 125 Street, #417

4.4 CITY-ST-ZIP North Miami, FL 33161

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

500002585545

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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 B. Northam*

205-893-2492

CR2E037 (10/97)