

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710165

1. Corporation Name

NORTH DADE MEDICAL FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

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2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

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3. Date Incorporated or Qualified

01/04/1966

4. FEI Number

59-0694393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GIBLIN, SANDRA R
1175 N.E. 125TH 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 ☐ DELETE

DC
NAME SPEAR, HAROLD C MD
STREET ADDRESS 1175 NE 125TH ST, #417
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

DV
NAME MORRIS, CHESTER H MD
STREET ADDRESS 1175 NE 125TH ST, #417
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☒ DELETE

D
NAME MCCRARY, JESSE J
STREET ADDRESS 1175 N.E. 125 STREET, #417
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

DT
NAME HEFFERNAN, WILLIAM J
STREET ADDRESS 1175 NE 125TH ST, #417
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

D
NAME GOLDSMITH, MALCOLM G MD
STREET ADDRESS 1175 NE 125TH ST, #417
CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE ☐ DELETE

D
NAME KATHE, JOHN H MD
STREET ADDRESS 1175 NE 125TH ST, #417
CITY-ST-ZIP NORTH MIAMI FL 33161

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

D
1.2 NAME Schafmeister, Vincent J.
1.3 STREET ADDRESS 1175 NE 125 Street, #417
1.4 CITY-ST-ZIP N. Miami, FL 33161

2.1 TITLE ☐ Change ☒ Addition

D
2.2 NAME Wilson, C.L. M.D.
2.3 STREET ADDRESS 1175 NE 125 Street #417
2.4 CITY-ST-ZIP N Miami, FL 33161

3.1 TITLE ☐ Change ☒ Addition

D
3.2 NAME Greenberg, Allan M. M.D.
3.3 STREET ADDRESS 1175 NE 125 Street #417
3.4 CITY-ST-ZIP N Miami, FL 33161

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

DS
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/8/99

305-893-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037_ (11/98)

0032996