

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710165

1. Entity Name

NORTH DADE MEDICAL FOUNDATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90061 032 ****61.25

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 33161-5011

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-0694393**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SPEAR, HAROLD C MD 1175 NE 125TH ST, #417 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORRIS, CHESTER H MD 1175 NE 125TH ST, #417 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFMEISTER, VINCENT J 1175 N.E. 125 STREET, #417 NORTH MIAMI FL 33161 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HEFFERNAN, WILLIAM J 1175 NE 125TH ST, #417 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GOLDSMITH, MALCOLM G MD 1175 NE 125TH ST, #417 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATHE, JOHN H MD 1175 NE 125TH ST, #417 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS C.L. Wilson, M.D. 1175 NE 125 Street #417 North Miami, FL 33161 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra R. Giblin **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1/7/00** **305-893-2991**
Date Daytime Phone #

CR2E037 (9/99)