

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90062 027 *****61.25

0042038

DOCUMENT # 710165

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0694393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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

TITLE **DC** ☐ Delete
NAME **MORRIS, CHESTER H MD**
STREET ADDRESS **1175 NE 125TH ST, #417**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE **DS** ☐ Delete
NAME **WILSON, C. L. M.D.**
STREET ADDRESS **1175 N.E. 125 STREET, #417**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

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

TITLE **DV** ☐ Delete
NAME **GOLDSMITH, MALCOLM G MD**
STREET ADDRESS **1175 NE 125TH ST, #417**
CITY-ST-ZIP **NORTH MIAMI FL 33161**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Daniella Levine**
STREET ADDRESS **1175 NE 125 Street #417**
CITY-ST-ZIP **North Miami, FL 33161**

TITLE **D** ☐ Change ☒ Addition
NAME **Jorge Garcia**
STREET ADDRESS **1175 NE 125 Street #417**
CITY-ST-ZIP **North Miami, FL 33161**

TITLE **D** ☐ Change ☒ Addition
NAME **Allan Graenberg**
STREET ADDRESS **1175 NE 125 Street #417**
CITY-ST-ZIP **North Miami, FL 33161**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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. P. Scherer

Chief Executive Officer 305-893-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)