


FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90100 023 ****61.25

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GIBLIN, SANDRA R 1175 N.E. 125TH STREET SUITE 417 NORTH MIAMI, FL 33161				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when relocating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete				TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME SPEAR, HAROLD C MD				NAME Daviglus, George MD	
STREET ADDRESS 1175 NE 125TH ST, #417				STREET ADDRESS 1175 NE 125 Street #417	
CITY- ST- ZIP NORTH MIAMI, FL 33161				CITY- ST- ZIP North Miami, FL 33161	
TITLE D <input type="checkbox"/> Delete				TITLE Director & Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MORRIS, CHESTER H MD				NAME	
STREET ADDRESS 1175 NE 125TH ST, #417				STREET ADDRESS	
CITY- ST- ZIP NORTH MIAMI, FL 33161				CITY- ST- ZIP	
TITLE DC <input checked="" type="checkbox"/> Delete				TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME WILSON, C. L. M.D.				NAME Sastre, Cesar MD	
STREET ADDRESS 1175 N.E. 125 STREET, #417				STREET ADDRESS 1175 NE 125 St #417	
CITY- ST- ZIP NORTH MIAMI, FL 33161				CITY- ST- ZIP North Miami, FL 33161	
TITLE DT <input type="checkbox"/> Delete				TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME HEFFERNAN, WILLIAM J				NAME Greenberg, Allan M. MD	
STREET ADDRESS 1175 NE 125TH ST, #417				STREET ADDRESS 1175 NE 125 Street #417	
CITY- ST- ZIP NORTH MIAMI, FL 33161				CITY- ST- ZIP North Miami, FL 33161	
TITLE D <input type="checkbox"/> Delete				TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME GARCIA, JORGE L				NAME Holly, Herta	
STREET ADDRESS 1175 NE 125TH STREET #417				STREET ADDRESS 1175 NE 125 Street #417	
CITY- ST- ZIP NORTH MIAMI, FL 33161				CITY- ST- ZIP North Miami, FL 33161	
TITLE DV <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME KATHE, JOHN H MD				NAME	
STREET ADDRESS 1175 NE 125TH ST, #417				STREET ADDRESS	
CITY- ST- ZIP NORTH MIAMI, FL 33161				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: <u>Sandra R. Giblin</u> Sandra R. Giblin 7/7/04 305-893-2991					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date Phone #					