


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90204 025 ****61.25

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. <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	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D SPEAR, HAROLD C MD 1175 NE 125TH ST, #417 NORTH MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SASTRE, CESAR MD 1175 NE 125TH ST, #417 NORTH MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORRIS, CHESTER H MD 1175 NE 125TH ST, #417 NORTH MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, ALLAN M MD 1175 NE 125TH ST, #417 NORTH MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIGLUS, GEORGE M 1175 N.E. 125 STREET, #417 NORTH MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLY, HERTA 1175 NE 125TH ST, #417 NORTH MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HEFFERNAN, WILLIAM J 1175 NE 125TH ST, #417 NORTH MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JORGE L 1175 NE 125TH STREET #417 NORTH MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KATHE, JOHN H MD 1175 NE 125TH ST, #417 NORTH MIAMI, FL 33161		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	
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: <i>Sandra R. Giblin</i>			4/25/05 305-893-2991		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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