
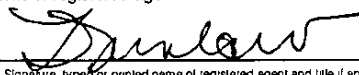
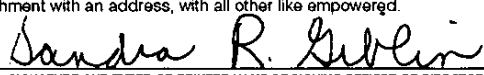


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90008 040 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 268342 Suite, Apt. #, etc.			
City & State Zip		City & State Weston FL Zip 33326		4. FEI Number 59-0694393	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Louise T. Jeroslow, Esq. Street Address (P.O. Box Number is Not Acceptable) 6075 Sunset Dr., Suite 201 City South Miami FL Zip Code 33143	
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 				DATE 2/26/07	
Filing Fee is \$61.25 Due by May 1, 2007		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	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORRIS, CHESTER H MD 1175 NE 125TH ST, #417 NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIGLUS, GEORGE M 1175 N.E. 125 STREET, #417 NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, JORGE L 1175 NE 125TH STREET #417 NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KATHE, JOHN H MD 1175 NE 125TH ST, #417 NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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					
Date 2/26/07					
Daytime Phone # 954-873-8835					

ATTACHMENT
40026535

North Dade Medical Foundation Inc

Document #710165

Additional Directors

Title	D
Name	Greenberg, Allan M MD
Street Address	6075 Sunset Drive, Suite 201
City St Zip	Miami, FL 33143

Title	DV
Name	Sastre, Cesar J MD
Street Address	6075 Sunset Drive, Suite 201
City St Zip	Miami, FL 33143

Title	D
Name	Jacobson, Ira S MD
Street Address	6075 Sunset Drive, Suite 201
City St Zip	Miami, FL 33143

Title	D
Name	Herrera III, Prospero G
Street Address	6075 Sunset Drive, Suite 201
City St Zip	Miami, FL 33143