

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90309 008 ****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 ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SPEAR, HAROLD C MD	
STREET ADDRESS	1175 NE 125TH ST, #417	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRIS, CHESTER H MD	
STREET ADDRESS	1175 NE 125TH ST, #417	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	DC	<input type="checkbox"/> Delete
NAME	WILSON, C. L. M.D.	
STREET ADDRESS	1175 N.E. 125 STREET, #417	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HEFFERNAN, WILLIAM J	
STREET ADDRESS	1175 NE 125TH ST, #417	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, JORGE L	
STREET ADDRESS	1175 NE 125TH STREET #417	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KATHE, JOHN H MD	
STREET ADDRESS	1175 NE 125TH ST, #417	
CITY-ST-ZIP	NORTH MIAMI FL 33161	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Daniella Levine	
STREET ADDRESS	1175 NE 125 Street #417	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allan M. Greenberg, MD	
STREET ADDRESS	1175 NE 125 Street #417	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cesar Sastre, MD	
STREET ADDRESS	1175 NE 125 Street #417	
CITY-ST-ZIP	North Miami, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. Giblin

4/17/03

305-893-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)