FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717101 (0)

1. Corporation Name

THE DADE COUNTY MEDICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1501 NW NORTH RIVER DR. MIAMI FL 33125	1501 NW NORTH RIVER DR. MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1969	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-0555657	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HANDLER, PATRICIA C.
1501 NW NORTHRIVER DR
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Patricia C. Handler for OCMA 4-19-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	FRANKEL, RALPH N	12 NAME	LAGO, VICENTE	
STREET ADDRESS	909 N. MIAMI BEACH	13 STREET ADDRESS	4950 S.W. 8th ST	
CITY-ST-ZIP	N. MIAMI BEACHM FL	14 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VPD	21 TITLE	PED	☒ Change ☐ Addition
NAME	RUBINSON, RICHARDSON M	22 NAME	RUBINSON, RICHARD M.	
STREET ADDRESS	1295 N.W. 14TH ST. #K	23 STREET ADDRESS	1295 NW 14th ST., #K	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	PP	31 TITLE	VPD	☒ Change ☐ Addition
NAME	FELLER, EDWARD J	32 NAME	GLUCK, PAUL A	
STREET ADDRESS	8525 S.W. 92ND ST.	33 STREET ADDRESS	8950 N KENDALL DR #507	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	PED	41 TITLE	IPPD	☒ Change ☐ Addition
NAME	LAGO, VINCENTE	42 NAME	FRANKEL, RALPH N	
STREET ADDRESS	4950 S.W. 8TH ST.	43 STREET ADDRESS	909 N MIAMI BEACH BLVD	
CITY-ST-ZIP	CORLA GABLES FL	44 CITY-ST-ZIP	N MIAMI BEACH, FL 33162	
TITLE	SD	51 TITLE	SD	☐ Change ☒ Addition
NAME	GLUCK, PAUL A	52 NAME	MIGUEL A. MACHADO	
STREET ADDRESS	8950 N. KENDALL DR. #507	53 STREET ADDRESS	3659 S. MIAMI AVE	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	EVP	61 TITLE	TD	☐ Change ☒ Addition
NAME	HANDLER, PATRICIA C.	62 NAME	JAMES BRIDGES	
STREET ADDRESS	1501 N.W. N. RIVER DR.	63 STREET ADDRESS	8340 NE 2nd AVE , MIAMI, FL 33138	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia C. Handler for OCMA 4-19-95 305 324-8717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004099