

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/05/1969

3a. Date of Last Report

04/27/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Patricia C. Handler

3-11-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD
LAGO, VICENTE
4950 SW 8TH ST
CORAL GABLES FL

TITLE NAME ☐ DELETE

PED
RUBINSON, RICHARD M.
1295 N.W. 14TH ST. #K
MIAMI FL

TITLE NAME ☐ DELETE

VPD
GLUCK, PAUL A
8950 N. KENDALL DR #507
MIAMI FL

TITLE NAME ☐ DELETE

PPD
FRANKEL, RALPH N
909 N MIAMI BEACH BLVD
N. MIAMI BEACH FL

TITLE NAME ☐ DELETE

SD
MACHADO, MIGUEL A.
3659 S. MIAMI AVE
MIAMI FL

TITLE NAME ☐ DELETE

TD
BRIDGES, JAMES
8340 NE 2ND AVE
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME RUBINSON, RICHARD M
1.3 STREET ADDRESS 1295 N.W. 14th ST #K
1.4 CITY-ST-ZIP MIAMI, FL 33125

2.1 TITLE PE/D ☒ Change ☐ Addition

2.2 NAME GLUCK, PAUL A
2.3 STREET ADDRESS 8950 N KENDALL DR #507
2.4 CITY-ST-ZIP MIAMI, FL 33176

3.1 TITLE V/D ☒ Change ☐ Addition

3.2 NAME MACHADO, MIGUEL A
3.3 STREET ADDRESS 3659 S MIAMI AVE #5008
3.4 CITY-ST-ZIP MIAMI, FL 33133

4.1 TITLE PP/D ☒ Change ☐ Addition

4.2 NAME LAGO, VICENTE
4.3 STREET ADDRESS 1100 SW 57th AVE
4.4 CITY-ST-ZIP MIAMI, FL 33144

5.1 TITLE S/D ☒ Change ☐ Addition

5.2 NAME BRIDGES, JAMES W
5.3 STREET ADDRESS 1190 NW 95th ST
5.4 CITY-ST-ZIP MIAMI, FL 33150

6.1 TITLE T/D ☐ Change ☒ Addition

6.2 NAME GOLDBERG, ROBERT I
6.3 STREET ADDRESS 4300 ALTON ROAD
6.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

Date

305 324-8717

Daytime Phone #

CR2E037 (12/95)