

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **717101** (0)  
Corporation Name

**THE DADE COUNTY MEDICAL ASSOCIATION, INC.**

Principal Place of Business <b>1501 NW NORTH RIVER DR MIAMI FL 33125</b>	Mailing Address <b>1501 NW NORTH RIVER DR. MIAMI FL 33125</b>
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3. Date Incorporated or Qualified <b>09/05/1969</b>	
4. FEI Number <b>59-0555657</b>	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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

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	PD	<input type="checkbox"/> DELETE
NAME	GLUCK, PAUL A	
STREET ADDRESS	8950 N KENDALL DR 507	
CITY-ST-ZIP	MIAMI FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	MACHADO MIGUEL	
STREET ADDRESS	3659 S MIAMI AVE 5008	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRIDGES, JAMES W	
STREET ADDRESS	1190 NW 95TH ST 110	
CITY-ST-ZIP	MIAMI FL	
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	RUBINSON RICARD M	
STREET ADDRESS	1295 NW 14TH ST K	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, ROBERT I	
STREET ADDRESS	4300 ALTON RD	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, ROBERT	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MACHADO, MIGUEL A.	
1.3 STREET ADDRESS	3659 S. MIAMI AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33133	
2.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAMES W. BRIDGES, M.D.	
2.3 STREET ADDRESS	1190 NW 95th STREET, # 110	
2.4 CITY-ST-ZIP	MIAMI, FL 33150	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GOLDBERG, ROBERT I.	
3.3 STREET ADDRESS	4300 ALTON ROAD	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
4.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GLUCK, PAUL A.	
4.3 STREET ADDRESS	8950 N. KENDALL DR., #507	
4.4 CITY-ST-ZIP	MIAMI, FL 33176	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RATZAN, R. JUDITH	
5.3 STREET ADDRESS	THE MOUNT SINAI COMP CANCER CNTR	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LaPORTA, MARK A	
6.3 STREET ADDRESS	1175 - 71st STREET	
6.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	

14. 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 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

372-98

305 324-8717

CR2E037 (10/97)