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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717101

1. Corporation Name

THE DADE COUNTY MEDICAL ASSOCIATION, INC.

Principal Place of Business

1501 NW NORTH RIVER DR.
MIAMI FL 33125

Mailing Address

1501 NW NORTH RIVER DR.
MIAMI FL 33125



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/05/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0555657	
24 Country		29 Country		30	
				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HANDLER, PATRICIA C.
1501 NW NORTH RIVER 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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MACHADO, MIGUEL A	1.2 NAME	BRIDGES, JAMES W., M.D.
STREET ADDRESS	3659 S MIAMI AVE	1.3 STREET ADDRESS	1190 NW 95th ST., #110
CITY-ST-ZIP	MIAMI FL 33133	1.4 CITY-ST-ZIP	MIAMI, FL 33150
TITLE	PED	2.1 TITLE	PED
NAME	BRIDGES, JAMES W MD	2.2 NAME	GOLDBERG, ROBERT I., M.D.
STREET ADDRESS	1190 NW 95TH STREET, #110	2.3 STREET ADDRESS	4300 ALTON ROAD
CITY-ST-ZIP	MIAMI FL 33150	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VD	3.1 TITLE	VD
NAME	GOLDBERG, ROBERT I	3.2 NAME	RATZAN, R. JUDITH, M.D.
STREET ADDRESS	4300 ALTON ROAD	3.3 STREET ADDRESS	THE MOUNT SINAI COMP CANCER CNTR
CITY-ST-ZIP	MIAMI FL 33140	3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	PPD	4.1 TITLE	PPD
NAME	BLUCK, PAUL A	4.2 NAME	MACHADO, MIGUEL A., M.D.
STREET ADDRESS	8950 N KENDALL DR., #507	4.3 STREET ADDRESS	3659 S MIAMI AVE
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	MIAMI, FL 33133
TITLE	SD	5.1 TITLE	SD
NAME	RATZAN, R JUDITH	5.2 NAME	BUZNEGO, CARLOS M.D.
STREET ADDRESS	THE MOUNT SINAI COMP CANCER CNTR	5.3 STREET ADDRESS	8940 N KENDALL DR., 400E
CITY-ST-ZIP	MIAMI BCH FL 33140	5.4 CITY-ST-ZIP	MIAMI, FL 33176
TITLE	TD	6.1 TITLE	TD
NAME	LAPORTA, MARK A	6.2 NAME	GARCIA, SILVIO A., M.D.
STREET ADDRESS	1175-71ST STREET	6.3 STREET ADDRESS	1100 NW 95th ST
CITY-ST-ZIP	MIAMI BEACH FL 33141	6.4 CITY-ST-ZIP	MIAMI, FL 33150

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, with all other like empowered.

SIGNATURE:

Patricia C. Handler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-10-99 305-324-8717

CR2E037 (11/98)