FILED

May 16, 2000 8:00 am Secretary of State

03-06-2000 90095 009 ****61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717101 1. Entity Name

THE DADE COUNTY MEDICAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1501 NW NORTH RIVER DR. 1501 NW NORTH RIVER DR. MIAMI FLA 33125-2603 MIAM! FL 33125 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0555657 Not Applicable Zip Country Zip ~ · · · Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HANDLER, PATRICIA C. 1501 NW NORTHRIVER OR MIAMI FL 33125 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. 2-23-2000 SIGNATURE 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. President (66/6)12 Change ☐ Addition PD Delete TITLE TITLE Robert I. Goldberg, M.D. NAME BRIDGES, JAMES W MD NAME CR2E037 STREET ADDRESS STREET ADDRESS 4300 Alton Road 1190 NW 95TH ST #110 CITY-ST-ZIP CITY-ST-ZIP Miami Beach, Fl. MIAM! FL 33150 PED Delete TITLE President-Elect Change ☐ Addition TITLE NAME GOLDBERG, ROBERT T MD NAME R. Judith Ratzan, M.D. STREET ADDRESS 4300 ATLON RD STREET ADDRESS 4306 Alton Road CITY-ST-71P CITY-ST-ZIP MIAMI BEACH FL 33140 33140 <u>Miami Beach, Florida</u> Vice President Delete Change TITLE TITLE Carlos Buznego, II.D. ratzan, judith R MD NAME NAME STREET ADDRESS 8940 N. Kendall Drive, # 400 STREET ADDRESS THE MOUNT SINAI COM CANCER CNTR CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33176 MIAMI BEACH FL_33140 (Change TITLE PPD TITLE Secretary noitibba 🖺 MACHADO, MIGUEL A MD NAME NAME Silvio A. Garcia, M.D. 95th Street rida 33150 STREET ADDRESS STREET ADDRESS 3659 S MIAMI AVE 1100 N.W. 95th Miami, Florida CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Treasurer Delate Change TITLE SD TITLE NAME George F. Battle, M.D. BUZNEGO, CARLOS MD NAME Ste. STREET ADDRESS STREET ADDRESS 9000 S.W. 152nd Street, 202 8490 N KENDAL DR 400E CITY-ST-ZIF CITY-ST-ZIP <u>Miami, Florida 33157</u> MIAMI FL 33133 P Delete TITLE Past President ☐ Addition TITLE TD NAME NAME GARCIA, SILVIO A MD James W. Bridges, M.D. STREET AODRESS STREET ADDRESS 1100 NW 95TH ST 1190 N.W. 95th Street, CITY-ST-ZIP <u>Miami, Florida</u> CITY-ST-ZIP 33150 MIAMI FL 33150

12. Thereby certify that the information supplied with this filling 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 suppliemental 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 provide 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 provide 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 provide 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 provide 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 provide 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 provide 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 provide the same legal effect as if made under oath; that I am an officer or director of the corporation of the corpo

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OUISHIVIO A. Carcia, M.D. 02/25/00

305-324-8717

Daytime Phone #