2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State
09-06-2001 90262 012 ****61.25

DOCUMENT # 717101

1. Entity 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

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0555657 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANDLER, PATRICIA C. 1501 NW NORTHRIVER DR MIAMI FL 33125	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

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

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP BRIDGES, JAMES W MD 1190 NW 95TH ST #110 MIAMI FL 33150	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Buznego, Carlos MD 8940 N Kendall Drive, Ste # E 400 Miami, Florida 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED GOLDBERG, ROBERT T MD 4306 ALTON RD. MIAMI BEACH FL 33140	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Elect Silvio A. Garcia, M.D. 1100 NW 95th Street Miami, Florida 33150	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RATZAN, R. JUDITH 4306 ALTON RD. MIAMI BEACH FL 33140	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President George F. Battle, M.D. 9000 SW 152nd Street, Ste # 202 Miami, Florida 33157	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BATTLE, GEORGE F M.D. 9000 SW 152ND ST., STE 202 MIAMI FL 33157	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Hugo C. Salinas, M.D. 7800 SW 87th Avenue, Ste # B-230 Miami, Florida 33173	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BUZNEGO, CARLOS MD 8490 N KENDAL DR 400E MIAMI FL 33133	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Loretta M. Ciraldo, M.D. 1080 Kane Concourse Bal Harbour Island, Fl.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARCIA, SILVIO A MD 1100 NW 95TH ST MIAMI FL 33150	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Past President R. Judith Ratzan, M.D. 4306 Alton Road Miami Beach, Florida 33140	☒ Change ☐ Addition

CR2E037 (5/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DCAM Secretary August 28, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #