

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717101

FILED
Feb 03, 2004
Secretary of State**Entity Name:** THE DADE COUNTY MEDICAL ASSOCIATION, INC.**Current Principal Place of Business:**1501 NW NORTH RIVER DR.
MIAMI, FL 33125**New Principal Place of Business:****Current Mailing Address:**1501 NW NORTH RIVER DR.
MIAMI, FL 33125**New Mailing Address:****FEI Number:** 59-0555657**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HANDLER, PATRICIA C EVP
1501 NW NORTH RIVER DR
MIAMI, FL 33125**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, SILVIO A MD
Address: 1100 N.W. 95TH STREET
City-St-Zip: MIAMI, FL 33150

Title: PED () Delete
Name: BATTLE, GEORGE F MD
Address: 9000 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: VPD () Delete
Name: SALINAS, HUGO C MD
Address: 7100 WEST 20TH AVENUE
City-St-Zip: MIAMI, FL 33016

Title: SD () Delete
Name: CIRALDO, LORETTA M MD
Address: 1080 KANE CONCOURSE
City-St-Zip: BAL HARBOUR ISLAND, FL 33154

Title: TD () Delete
Name: SIMON, RICHARD B MD
Address: 8940 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

Title: PPD () Delete
Name: BUZNEGO, CARLOS MD
Address: 8940 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BATTLE, GEORGE F MD
Address: 9000 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

Title: PED (X) Change () Addition
Name: SALINAS, HUGO C MD
Address: 7100 WEST 20TH AVENUE
City-St-Zip: HIALEAH, FL 33016

Title: VPD (X) Change () Addition
Name: CIRALDO, LORETTA M MD
Address: 1080 KANE CONCOURSE
City-St-Zip: BAL HARBOUR ISLAND, FL 33154

Title: SD (X) Change () Addition
Name: BAKER, STEPHAN MD
Address: 4425 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

Title: TD (X) Change () Addition
Name: ADAMS, NELSON L MD
Address: 100 N.W. 170TH STREET
City-St-Zip: NORTH MIAMI, FL 33169

Title: PPD (X) Change () Addition
Name: GARCIA, SILVIO A MD
Address: 1100 N.W. 95TH STREET
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE F. BATTLE

MD

02/03/2004

Electronic Signature of Signing Officer or Director

Date