

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717101

FILED
Jan 10, 2006
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 US

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: SALINAS, HUGO C MD
Address: 7100 WEST 20TH AVENUE
City-St-Zip: HIALEAH, FL 33016

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

Title: VPD () Delete
Name: BAKER, STEPHAN MD
Address: 4425 PONCE DE LEON BOULEVARD
City-St-Zip: CORAL GABLES, FL 33146

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

Title: TD () Delete
Name: WOLLSCHLAEGER, BERND MD
Address: 16899 NE 15 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change () Addition
Name: WOLLSCHLAEGER, BERND MD
Address: 16899 NE 15 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD (X) Change () Addition
Name: MADERAL, FRANCISCO MD
Address: 2140 WEST 68 STREET
City-St-Zip: HIALEAH, FL 33016

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BERND WOLLSCHLAEGER, MD

SD

01/10/2006

Electronic Signature of Signing Officer or Director

Date