

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717101

FILED  
Jan 04, 2007  
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: CIRALDO, LORETTA  
Address: 1080 KANE CONCOURSE  
City-St-Zip: BAL HARBOUR ISLAND, FL 33154

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: TD (X) Change ( ) Addition  
Name: HANABERGH, ENRIQUE MD  
Address: 21110 BISCAYNE BLVD SUIT 206  
City-St-Zip: MIAMI, FL 33180

Title: PPD (X) Change ( ) Addition  
Name: CIRALDO, LORETTA M MD  
Address: 1080 KANE CONCOURSE  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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: PATRICIA SILVA

ADMI

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date