


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90029 002 ****70.00

DOCUMENT # 717101 1. Entity Name THE DADE COUNTY MEDICAL ASSOCIATION, INC.					
Principal Place of Business 1501 NW NORTH RIVER DR. MIAMI, FL 33125			Mailing Address 1501 NW NORTH RIVER DR. MIAMI, FL 33125		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01112008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0555657	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HANDLER, PATRICIA C EVP 1501 NW NORTH RIVER DR MIAMI, FL 33125			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, STEPHAN MD <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Adams, Nelson L MD 100 N.W. 170th Street, Ste.304 North Miami, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input type="checkbox"/> Delete ADAMS, NELSON L MD 100 N.W. 170TH STREET NORTH MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wollschlaeger, Bernd MD 16899B N.E. 15th Avenue North Miami Beach, FL 33162	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete WOLLSCHLAEGER, BERND MD 16899 NE 15 AVE NORTH MIAMI BEACH, FL 33162		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maderal, Francisco MD- 2140 West 68th Street, Ste.300 Hialeah, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete MADERAL, FRANCISCO MD 2140 WEST 68 STREET HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hanabergh, Enrique MD 21110 Biscayne Blvd., Ste.206 Aventura, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete HANABERGH, ENRIQUE MD 21110 BISCAYNE BLVD SUIT 206 MIAMI, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jacque, James J MD P.O. Box 069370 Miami, FL 33101	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <input type="checkbox"/> Delete CIRALDO, LORETTA M MD 1080 KANE CONCOURSE BAY HARBOR ISLANDS, FL 33154		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Baker, Stephan MD 4425 Ponce De Leon Blvd. Coral Gables, FL 33146	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patricia C. Handler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>305 324-8717</i> <small>Daytime Phone #</small>		