

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 717101

FILED  
Feb 25, 2010  
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:**

1501 NW NORTH RIVER DR.  
2ND FLOOR  
MIAMI, FL 33125

**Current Mailing Address:**

1501 NW NORTH RIVER DR.  
MIAMI, FL 33125

**New Mailing Address:**

1501 NW NORTH RIVER DR.  
2ND FLOOR  
MIAMI, FL 33125

**FEI Number:** 59-0555657      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

HANDLER, PATRICIA C EVP  
1501 NW NORTH RIVER DR  
2ND FLOOR  
MIAMI, FL 33125 US

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

02/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MADERAL, FRANK MD  
Address: 2140 W. 68TH STREET, SUITE 300  
City-St-Zip: MIAMI, FL 33016

Title: PE  
Name: HANABERGH, ENRIQUE MD  
Address: 21110 BISCAYNE BOULEVARD, SUITE 206  
City-St-Zip: MIAMI, FL 33180

Title: VP  
Name: MITJANS, AURELIO MD  
Address: 777 EAST 25TH STREET, SUSITE 109  
City-St-Zip: HIALEAH, FL 33013

Title: SEC  
Name: RUB, BENY MD  
Address: 21110 BISCAYNE BLVD, SUITE 308  
City-St-Zip: AVENTURA, FL 33180

Title: TREA  
Name: ETKIN-KRAMER, ELIZABETH MD  
Address: 4308 ALTON ROAD, SUITE 880  
City-St-Zip: MIAMI BEACH, FL 33140

Title: PP  
Name: WOLLSCHLAEGER, BERND MD  
Address: 16899B NE 15TH AVENUE  
City-St-Zip: N.MIAMI BEACH, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA C. HANDLER

EVP

02/25/2010

Electronic Signature of Signing Officer or Director

Date