

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717101

FILED
Jan 03, 2012
Secretary of State

Entity Name: THE DADE COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-0555657 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HANDLER, PATRICIA C EVP
1501 NW NORTH RIVER DR
2ND FLOOR
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: PRES
Name: RUB, BENY MD
Address: 21110 BISCAYNE BOULEVARD, STE 308
City-St-Zip: AVENTURA, FL 33180

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

Title: VP
Name: PIMENTEL, ELEONOR MD
Address: 747 PONCE DE LEON BLVD., SUITE #408
City-St-Zip: CORAL GABLES, FL 33134

Title: SEC
Name: MESKO, TOM MD
Address: 4300 ALTON ROAD, 2ND FLOOR
City-St-Zip: MIAMI BEACH, FL 33140

Title: TREA
Name: NULLMAN, ANDREW MD
Address: 4300 ALTON ROAD, SUITE #760
City-St-Zip: MIAMI BEACH, FL 33140

Title: PP
Name: HANABERGH, ENRIQUE MD
Address: 21110 BISCAYNE BOULEVARD, SUITE #206
City-St-Zip: AVENTURA, FL 33180

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: BENY RUB

DR.

01/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date