

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 717101

FILED
Mar 11, 2003
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.
1501 NW NORTHRIVER DR
MIAMI, FL 33125

Name and Address of New Registered Agent:

HANDLER, PATRICIA C EVP
1501 NW NORTH RIVER DR
MIAMI, FL 33125

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

03/11/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUZNEGO, CARLOS MD
Address: 8940 N KENDALL DRIVE SUITE #E 400
City-St-Zip: MIAMI, FL 33176

Title: PED () Delete
Name: GARCIA, SILVIO A MD
Address: 1100 NW 95TH STREET
City-St-Zip: MIAMI, FL 33150

Title: VPD () Delete
Name: BATTLE, GEORGE F MD
Address: 9000 SW 152ND STREET SUITE #202
City-St-Zip: MIAMI, FL 33157

Title: SD () Delete
Name: SALINAS, HUGO C MD
Address: 7800 SW 87TH AVENUE SUITE #B 230
City-St-Zip: MIAMI, FL 33173

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

Title: PPD () Delete
Name: RATZAN, R JUDITH MD
Address: 4306 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARCIA, SILVIO A MD
Address: 1100 N.W. 95TH STREET
City-St-Zip: MIAMI, FL 33150

Title: PED (X) Change () Addition
Name: BATTLE, GEORGE F MD
Address: 9000 S.W. 152ND STREET
City-St-Zip: MIAMI, FL 33157

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

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

Title: TD (X) Change () Addition
Name: SIMON, RICHARD B MD
Address: 8940 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

Title: PPD (X) Change () Addition
Name: BUZNEGO, CARLOS MD
Address: 8940 N. KENDALL DRIVE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SILVIO A. GARCIA, MD

PD

03/11/2003

Electronic Signature of Signing Officer or Director

Date