

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005626

FILED
Mar 20, 2012
Secretary of State

Entity Name: DADE FAMILY MEDICAL CENTER, INC.

Current Principal Place of Business:

4343 W FLAGLER STREET
SUITE 100
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

4343 W FLAGLER STREET
SUITE 100
MIAMI, FL 33134

New Mailing Address:

FEI Number: 27-1452167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUJOLS, JOSE R ESQ.
LAW OFFICE OF JOSE R. PUJOLS, P.A.
2655 LEJEUNE RD, PH 1-C
CORAL GABLES, FL 33134 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: D
Name: FIELDS, MARIA E
Address: 4343 W FLAGLER STREET STE 100
City-St-Zip: MIAMI, FL 33134

Title: D
Name: RODRIGUEZ, LOURDES M
Address: 4343 W FLAGLER STREET STE 100
City-St-Zip: MIAMI, FL 33134

Title: D
Name: PLUSCH, H. WENDY
Address: 4343 W FLAGLER STREET STE 100
City-St-Zip: MIAMI, FL 33134

Title: D
Name: MOSQUERA, RAYMOND
Address: 4343 W. FLAGLER ST, SUITE 100
City-St-Zip: MIAMI, FL 33134

Title: D
Name: COHEN, ELEANOR RN
Address: 4343 W. FLAGLER ST, SUITE 100
City-St-Zip: MIAMI, FL 33134

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: LOURDES M. RODRIGUEZ

DIR

03/20/2012

Electronic Signature of Signing Officer or Director

Date