FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 13 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11529** **(7)**

1. Corporation Name
DADE COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

Principal Place of Business	Mailing Address
1501 NW N. RIVER DRIVE MIAMI FL 33125	1501 NW N. RIVER DRIVE MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1985
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-6153524 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARKEY, KATHLEEN
1428 BRICKELL AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	S ☐ Change ☐ Addition
NAME	MARVIN, JOANNE	1.2 NAME	Monnin, Joanne
STREET ADDRESS	15840 W. PRESTWICK PLACE	1.3 STREET ADDRESS	15840 W. Prestwick Place
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	T	2.1 TITLE	T ☐ Change ☐ Addition
NAME	LLANES, MARTHA	2.2 NAME	Susana L. Ramos
STREET ADDRESS	11225 S.W. 58TH CT.	2.3 STREET ADDRESS	520 Brickell Key Drive Apt. 1114
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KELLOGG, ANN	3.2 NAME	
STREET ADDRESS	6800 CHAPMAN FIELD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NOCK, BARBARA	4.2 NAME	
STREET ADDRESS	12471 SW 72 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	VIERA, ADY	5.2 NAME	
STREET ADDRESS	843 ANASTASIA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	PE ☐ Change ☐ Addition
NAME		6.2 NAME	Maribona, Maria
STREET ADDRESS		6.3 STREET ADDRESS	1460 W 21 Street Sunset Island IV
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami Beach, FL 33140

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susana L. Ramos — April 10, 1995 — 305-381-9144
SIGNATURE AND TYPED OR PRINTED NAME OF DOING OFFICER OR DIRECTOR — Date — Daytime Phone #
Susana L. Ramos