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May 01 1996 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **10/10/1985**
3a. Date of Last Report: **04/13/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MONNIN, JOANNE		1.2 NAME		
STREET ADDRESS	15840 W. PRESTWICK PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	2.1 TITLE	T	☒ Change ☐ Addition
NAME	RAMOS, SUSANA L.		2.2 NAME	Maria Maribona	
STREET ADDRESS	520 BRICKELL KEY DRIVE APT 1114		2.3 STREET ADDRESS	1460 W 21 street Sunset Island IV	
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	☐ DELETE	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	☒ DELETE	4.1 TITLE	CS	☐ Change ☒ Addition
NAME	NOCK, BARBARA		4.2 NAME	Marla Hanes	
STREET ADDRESS	12471 SW 72 AVE		4.3 STREET ADDRESS	11225 S.W. 58th Ct	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33156	
TITLE	P	☒ DELETE	5.1 TITLE	C.P.	☐ Change ☒ Addition
NAME	VIERA, ADY		5.2 NAME	Fernandez, Berta	
STREET ADDRESS	843 ANASTASIA		5.3 STREET ADDRESS	58 Shore Drive West.	
CITY-ST-ZIP	CORAL GABLES FL		5.4 CITY-ST-ZIP	Miami, FL. 33133	
TITLE	PE	☒ DELETE	6.1 TITLE	C.P.	☐ Change ☒ Addition
NAME	MARIBONA, MARIA		6.2 NAME	Alina Garrido	
STREET ADDRESS	1460 W 21 STREET SUNSET ISLAND IV		6.3 STREET ADDRESS	7151 Lago Drive West Cocoplum	
CITY-ST-ZIP	MIAMI BEACH FL 33140		6.4 CITY-ST-ZIP	Coral Gables, FL 33143	

CR2E037 (12/95)

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)(k), 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 — 4/30/96 — 305-381-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #