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Mar 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 1501 NW N. RIVER DRIVE
MIAMI FL 33125 MIAMI FL 33125

3. Date Incorporated or Qualified

10/10/1985

4. FEI Number

59-6153524

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARKEY, KATHLEEN
1428 BRICKELL AVE.
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME CARTAGENA, JOANA
STREET ADDRESS 403 E O.L.DO DR
CITY-ST-ZIP MIAMI BEACH FL
TITLE T
NAME GARRIDO, ALINA
STREET ADDRESS 7151 LARGO DR WEST
CITY-ST-ZIP CORAL GABLES FL
TITLE D
NAME KELLOGG, ANN
STREET ADDRESS 6800 CHAPMAN FIELD DR
CITY-ST-ZIP MIAMI FL
TITLE T
NAME MARIBONA, MARIA
STREET ADDRESS 1460 21 STREET SUNSET ISLAND IV
CITY-ST-ZIP MIAMI BEACH FL 33140
TITLE CS
NAME LLANES, MARTA
STREET ADDRESS 11225 S.W. 58TH CT
CITY-ST-ZIP MIAMI FL 33156
TITLE CP
NAME FERNANDEZ, BERTA
STREET ADDRESS 58 SHORE DRIVE WEST
CITY-ST-ZIP MIAMI FL 33133

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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: MARIA MARIBONA 3/18/98 (305) 532-3297

CR2E037 (10/97)