

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90125 004 ****61.25

DOCUMENT # N11529

1. Entity Name

DADE COUNTY MEDICAL ASSOCIATION ALLIANCE, FNDT'N, INC.



Principal Place of Business

1501 NW N. RIVER DRIVE
MIAMI FL 33125

Mailing Address

1501 NW N. RIVER DRIVE
MIAMI FL 33125

24073097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MOORE CR2E037 (11/03)

Zip

Country

Zip

Country

4. FEI Number
59-6153524

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHAN, ASTOWITZ
1501-NW-N-RIVER-DRIVE
MIAMI FL 33125

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME ASKOWITZ, NOHAN
STREET ADDRESS 19351 SW 134TH CT
CITY- ST- ZIP MIAMI FL 33177 ☐ Delete

TITLE V
NAME VIERA, ADY
STREET ADDRESS 843 ANASTASIA
CITY- ST- ZIP CORAL GABLES FL ☐ Delete

TITLE DAT
NAME KELLOGG, ANN
STREET ADDRESS 6800 CHAPMAN FIELD DR
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE T
NAME MARIBONA, MARIA
STREET ADDRESS 1460 21 STREET SUNSET ISLAND IV
CITY- ST- ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE S
NAME LLANES, MARTA
STREET ADDRESS 11225 S.W. 58TH CT
CITY- ST- ZIP MIAMI FL 33156 ☐ Delete

TITLE D
NAME FERNANDEZ, BERTA
STREET ADDRESS 58 SHORE DRIVE WEST
CITY- ST- ZIP MIAMI FL 33133 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2004 (305) 323-2074
Date Daytime Phone #