

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

APPROVAL  
AND  
FILED

05 JUN -8 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700056149987  
06/14/05--01039--005 \*\*61.25

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

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

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

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

TITLE  
NAME MARIBONA, MARIA  
STREET ADDRESS 1760 21 STREET SUNSET ISLAND IV  
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE  
NAME MARIA AND RIBONA  
STREET ADDRESS 406 Miller Pt  
CITY-ST-ZIP Coral Gables - FL 33146 ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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, 2005 (305) 323-2074  
Date Daytime Phone #