2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N11529

1. Entity 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

01252008 No Chg-NP CR2E037 (4/06)

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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

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

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ASKOWITZ, JOHAN
STREET ADDRESS	19351 SW 134TH CT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	V
NAME	VIERA, ADY
STREET ADDRESS	843 ANASTASIA
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DAT
NAME	KELLOGG, ANN
STREET ADDRESS	6800 CHAPMAN FIELD DR
CITY-ST-ZIP	MIAMI, FL
TITLE	T
NAME	MARIBONA, MARIA
STREET ADDRESS	406 MILLER RD.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	S
NAME	LLANES, MARTA
STREET ADDRESS	11225 S.W. 58TH CT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	FERNANDEZ, BERTA
STREET ADDRESS	58 SHORE DRIVE WEST
CITY-ST-ZIP	MIAMI, FL 33133

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02/14/08-80013-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Treasurer January 31, 08 (305) 666-4523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #