

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11529

FILED
Mar 24, 2009
Secretary of State

Entity Name: DADE COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

Current Principal Place of Business:

1501 NW N. RIVER DRIVE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1501 NW N. RIVER DRIVE
MIAMI, FL 33125

New Mailing Address:

FEI Number: 59-6153524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ASKOWITZ, JOHAN
Address: 19351 SW 134TH CT
City-St-Zip: MIAMI, FL 33177

Title: V () Delete
Name: VIERA, ADY
Address: 843 ANASTASIA
City-St-Zip: CORAL GABLES, FL

Title: DAT () Delete
Name: KELLOGG, ANN,
Address: 6800 CHAPMAN FIELD DR
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: MARIBONA, MARIA
Address: 406 MILLER RD.
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: LLANES, MARTA
Address: 11225 S.W. 58TH CT
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: FERNANDEZ, BERTA
Address: 58 SHORE DRIVE WEST
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MARIBONA

TREA

03/24/2009

Electronic Signature of Signing Officer or Director

Date