

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11529

FILED
Mar 27, 2010
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
Name: ASKOWITZ, JOHAN
Address: 19351 SW 134TH CT
City-St-Zip: MIAMI, FL 33177

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARIA P MARIBONA, TREASURER

MRS.

03/27/2010

Electronic Signature of Signing Officer or Director

Date