

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N11530** (5)

1. Corporation Name

**DADE COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**1501 NW NORTH RIVER DR  
MIAMI FL 33125**

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MIAMI FL 33125**



3. Date Incorporated or Qualified  
**10/10/1985**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-2751957**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKEY, KATHLEEN  
100 SE 2ND ST 36TH FLOOR  
MIAMI FL 33131**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **NOCK, BARBARA**  
STREET ADDRESS **12471 S.W. 72 AVE.**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **PS** ☒ DELETE  
NAME **VIERA, ADY**  
STREET ADDRESS **15840 W. PESTWICK PL.**  
CITY-ST-ZIP **MIAMI LAKES FL 33014**

2.1 TITLE **C. P.** ☐ Change ☒ Addition  
2.2 NAME **Berta Fernandez**  
2.3 STREET ADDRESS **58 Shore Drive West**  
2.4 CITY-ST-ZIP **Miami, FL 33133**

TITLE **S** ☐ DELETE  
NAME **MONNIN, LOANNE**  
STREET ADDRESS **15840 W PRESTWICK PLACE**  
CITY-ST-ZIP **MIAMI LAKES FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **T** ☒ DELETE  
NAME **RAMOS, SUSANA L**  
STREET ADDRESS **520 BRICKELL KEY DRIVE APT 1114**  
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **T. Maria Maribona** ☐ Change ☒ Addition  
4.2 NAME **1460 W 21 Street Sunset Island W**  
4.3 STREET ADDRESS **Miami Beach, FL 33140**  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ASKOWITZ, JOHAN**  
STREET ADDRESS **9510 SW 136TH ST.**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susana L. Ramos  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96  
Date

305 381-9144  
Daytime Phone #

CR2E037 (12/95)