

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

26

4. FEI Number

59-2751957

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

24

25

Country

29

Zip

30

Country

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	<input type="checkbox"/> DELETE
NAME	NOCK, BARBARA	
STREET ADDRESS	12471 S.W. 72 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	VIERA, ADY	
STREET ADDRESS	15840 W. PESTWICK PL.	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MONNIN, LOANNE	
STREET ADDRESS	15840 W PRESTWICK PLACE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, SUSANA L	
STREET ADDRESS	520 BRICKELL KEY DRIVE APT 1114	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASKOWITZ, JOHAN	
STREET ADDRESS	9510 SW 136TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAT	<input type="checkbox"/> DELETE
NAME	KELLOGG, ANN	
STREET ADDRESS	6800 CHAPMAN FIELD DR.	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>C. P. Berta Fernandez</i>
2.3 STREET ADDRESS	<i>58 Shore Drive West</i>
2.4 CITY-ST-ZIP	<i>Miami, FL 33133</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>T. Maria Maribona</i>
4.3 STREET ADDRESS	<i>1460 W 21 Street Sunset Island W</i>
4.4 CITY-ST-ZIP	<i>Miami Beach, FL 33140</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)