FIL NONPROFIT CORPORATION ANNUAL REPOR 1999		Katherin Secretary	TMENT OF STATE <b>He Harris</b> y of State CORPORATIONS	FIL Feb 26, 199 Secretary 02-26-1999 90040	99 8:00 am of State
OCUMENT #	N11530				
1. Corporation Name DADE COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDAT ION, INC.				122367 · 90046 · 49	
rincipal Place of Business IOI NW NORTH RIVER DR		Mailing Address 1501 NW NORTH RIVER DI	}	   Interview data viena (interview) data viena (interview)	
iami FL 33125		MIAMI FL 33125			
Principal Place of Business	2	2a. Mailing Address	*-t	3. Date Incorporated or Qualifed 10/10/1985	
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2751957	Applied For Not Applicable
City & State	20	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip	Country 29	Zip	Country 30	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	Address of Current Rec	<u></u>	81 Name	10. Name and Address of New Regis	tered Agent
MARKEY, KATHLEEN 100 SE 2ND ST 36TH FL	008		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
100 OC ZND OT OUTTIN	.006				
MIAMI FL 33131	of Sections 617.0502 and	orida. Such change was at	ithorized by the corporal	poration submits this statement for the purp tion's board of directors. I hereby accept the	FL         85         Zip Code           ose of changing its registered appointment as registered
MIAMI FL 33131  1. Pursuant to the provisions office or registered agent, agent. I am familiar with, a IGNATURE Signature, typed or prin 2. TLE CP	of Sections 617.0502 and	of, Section 617.0503, Flor	84 City	tion's board of directors. I hereby accept the	FL   ose of changing its registered appointment as registered
MIAMI FL 33131  Pursuant to the provisions office or registered agent, agent. I am familiar with, a IGNATURE IGNATURE CP VIERA, ADY REETADORESS 873 ANASTAS	of Sections 617.0502 and or both, in the State of Flo nd accept the obligations ned name of registered agent and ti OFFICERS AND DII	ofida. Such change was au of, Section 617.0503, Flor He if applicable. (NOTE: RECTORS	84         City           as, the above-named constructed by the corporational structures.         Structures.           Registered Agent eignature required as a structure required as structure required as a structure required as a structure require	red when reinstating) D	FL       I         ose of changing its registered appointment as registered         ATE       I         RS AND DIRECTORS IN 12
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