

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90003 001 \*\*\*768.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000002850**

1. Corporation Name

**NORTH DADE MEDICAL CLINIC, INC.**

\* 5 8 9 5 7 1 2 \*



Principal Place of Business

13850 N.W. 26TH AVENUE  
 MIAMI FL 33054

Mailing Address

13850 N.W. 26TH AVENUE  
 MIAMI FL 33054

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date incorporated or Qualified

05/28/1996

4. FEI Number  
 65-0667010

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

9. Name and Address of Current Registered Agent

**DONALD, SHARON**  
 13850 N.W. 26TH AVENUE  
 MIAMI FL 33054

10. Name and Address of New Registered Agent

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

TITLE **D**  DELETE

NAME **CARRINGTON, SELWYN MD**  
 STREET ADDRESS **8910 MIRAMAR PARKWAY**  
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE **DP**  DELETE

NAME **DONALD, SHARON**  
 STREET ADDRESS **13850 N.W. 26TH AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33054**

TITLE **VP**  DELETE

NAME **BAHADUE, GEORGE MD**  
 STREET ADDRESS **19665 E. ST ANDREW DR**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE **D**  DELETE

NAME **DONALD, REX**  
 STREET ADDRESS **2230 NW 105 ST**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE  DELETE

NAME **Dr. Richardson**  
 STREET ADDRESS **4910 NW 215 St**  
 CITY-ST-ZIP **Miami Fl, 33054**

TITLE  DELETE

NAME **Donald Rollins**  
 STREET ADDRESS **13850 NW 26 Ave**  
 CITY-ST-ZIP **Miami Fl 33054**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 7-2325

Date

Daytime Phone #

CR2E037 (5/99)

0002740