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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90035 012 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000002226**

1. Corporation Name

**DADE COUNTY MEDICAL FOUNDATION, INC.**

Principal Place of Business  
**1501 N.W. NORTH RIVER DRIVE  
MIAMI FL**

Mailing Address  
**1501 N.W. NORTH RIVER DRIVE  
MIAMI FL**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/17/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0867140</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

**9. Name and Address of Current Registered Agent**

**HANDLER, PATRICIA C  
1501 N.W. NORTH RIVER DRIVE  
MIAMI FL**

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	<b>MACHADO, MIGUEL A</b>				
STREET ADDRESS	<b>3659 S MIAMI AVE SUITE 5008</b>				
CITY-ST-ZIP	<b>MIAMI FL 33133</b>				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	<b>BRIDGES, JAMES W P-ELECT</b>				
STREET ADDRESS	<b>1190 N.W. 95TH STREET SUITE 110</b>				
CITY-ST-ZIP	<b>MIAMI FL 33150</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>GOLDBERG, ROBERT O</b>				
STREET ADDRESS	<b>4300 ALTON ROAD</b>				
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	<b>RATZAN, R J</b>				
STREET ADDRESS	<b>4306 ALTON ROAD</b>				
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	<b>LAPORTA, MARK A</b>				
STREET ADDRESS	<b>1175 71ST STREET</b>				
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	<b>GLUCK, PAUL A PAST</b>				
STREET ADDRESS	<b>8950 N. KENDALL DR #507</b>				
CITY-ST-ZIP	<b>MIAMI FL 33176</b>				
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>					
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	<b>BRIDGES, JAMES W., M.D.</b>				
1.3 STREET ADDRESS	<b>1190 NW 95th ST., #110</b>				
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33150</b>				
2.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	<b>GOLDBERG, ROBERT I., M.D.</b>				
2.3 STREET ADDRESS	<b>4300 ALTON ROAD</b>				
2.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>				
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	<b>RATZAN, R. JUDITH, M.D.</b>				
3.3 STREET ADDRESS	<b>THE MOUNT SINAI COMP CANCER CNTR</b>				
3.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>				
4.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	<b>MACHADO, MIGUEL A., M.D.</b>				
4.3 STREET ADDRESS	<b>3659 S MIAMI AVE</b>				
4.4 CITY-ST-ZIP	<b>MIAMI, FL 33133</b>				
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
5.2 NAME	<b>BUZNEGO, CARLOS M.D.</b>				
5.3 STREET ADDRESS	<b>8940 N KENDALL DR., #400E</b>				
5.4 CITY-ST-ZIP	<b>MIAMI, FL 33176</b>				
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
6.2 NAME	<b>GARCIA, SILVIO A., M.D.</b>				
6.3 STREET ADDRESS	<b>1100 NW 95th ST</b>				
6.4 CITY-ST-ZIP	<b>MIAMI, FL 33150</b>				

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:** *Patricia Handler* **SIGNATURE REQUIRED** **3-29-99** **305-324-8717**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #