

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/6/

**FILED**

**May 16, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90095 013 \*\*\*\*61.25

**DOCUMENT # N98000002226**

1. Entity Name

**DADE COUNTY MEDICAL FOUNDATION, INC.**

Principal Place of Business <b>1501 N.W. NORTH RIVER DRIVE MIAMI FL</b>	Mailing Address <b>1501 N.W. NORTH RIVER DRIVE MIAMI FL 33125-2603</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0867140</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Patricia Handler for DCMA EVP 2-23-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD MACHADO, MIGUEL A 3659 S MIAMI AVE SUITE 5008 MIAMI FL 33133	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDGES, JAMES W P-ELECT 1190 N.W. 95TH STREET SUITE 110 MIAMI FL 33150	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEP GOLDBERG, ROBERT O 4300 ALTON ROAD MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RATZAN, R J 4306 ALTON ROAD MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAPORTA, MARK A 1175 71ST STREET MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLUCK, PAUL A PAST 8950 N. KENDALL DR #507 MIAMI FL 33176	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert I. Goldberg, M.D. 4300 Alton Road Miami Beach, Florida 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect R: Judith Ratzan, M.D. 4306 Alton Road Miami Beach, Florida 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Carlos Buznego, M.D. 8940 N. Kendall Drive, # 400 E Miami, Florida 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Silvio A. Garcia, M.D. 1100 N.W. 95th Street Miami, Florida 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer George F. Battle, M.D. 9000 S.W. 152nd Street, Ste. # 202 Miami, Florida 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Past President James W. Bridges, M.D. 1190 N.W. 95th Street, Ste # 110 Miami, Florida 33150	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: Silvio A. Garcia, M.D. 02/25/00 305-324-9717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)