

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002226

1. Entity 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**



02032004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0867140

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BRIDGES, JAMES W MD 1190 NW 95 ST STE 110 MIAMI, FL 33150 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PED GOLDBERG, ROBERT I MD 4306 ALTON RD MIAMI, FL 33140 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD RATZAN, JUDITH M.D. 4306 ALTON ROAD MIAMI BEACH, FL 33140 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD BUZNEGO, CARLOS M. D. 8940 N KENDALL DR #400 MIAMI, FL 33176 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD GARCIA, SILVIO A MD 110 NW 95 STREET MIAMI, FL 33150 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BATTLE, GEORGE F 9000 SW 152ND ST STE 202 MIAMI, FL 33157 |

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02/09/04-80014-006 61.25

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IN THIS SPACE**

12. 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 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 all other like empowered.

SIGNATURE:

Patricia C. Handler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-04

Date

Daytime Phone #

305 324 8717