

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002226

FILED
Jan 10, 2006
Secretary of State

Entity Name: DADE COUNTY MEDICAL FOUNDATION, INC.

Current Principal Place of Business:

1501 N.W. NORTH RIVER DRIVE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1501 N.W. NORTH RIVER DRIVE
MIAMI, FL 33125

New Mailing Address:

FEI Number: 65-0867140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRIDGES, JAMES W MD
Address: 1190 NW 95 ST STE 110
City-St-Zip: MIAMI, FL 33150

Title: PED () Delete
Name: GOLDBERG, ROBERT I MD
Address: 4306 ALTON RD
City-St-Zip: MIAMI, FL 33140

Title: VPD () Delete
Name: RATZAN, JUDITH M.D.
Address: 4306 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: SD () Delete
Name: BUZNEGO, CARLOS M. D.
Address: 8940 N KENDALL DR #400
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: GARCIA, SILVIO A MD
Address: 11 0 NW 95 STREET
City-St-Zip: MIAMI, FL 33150

Title: TD () Delete
Name: BATTLE, GEORGE F
Address: 9000 SW 152ND ST STE 202
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS BUZNEGO, MD

SD

01/10/2006

Electronic Signature of Signing Officer or Director

Date