


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90029 033 ****70.00

DOCUMENT # N98000002226					
1. Entity Name DADE COUNTY MEDICAL FOUNDATION, INC.					
Principal Place of Business 1501 N.W. NORTH RIVER DRIVE MIAMI, FL 33125			Mailing Address 1501 N.W. NORTH RIVER DRIVE MIAMI, FL 33125		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0867140	
5. Certificate of Status Desired				Applied For <input type="checkbox"/> Not Applicable	
0112008 Chg-NP CR2E037 (12/06)				\$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDGES, JAMES W MD 1190 NW 95 ST STE 110 MIAMI, FL 33150	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED GOLDBERG, ROBERT I MD 4306 ALTON RD MIAMI, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RATZAN, JUDITH M.D. 4306 ALTON ROAD MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUZNEGO, CARLOS M. D. 8940 N KENDALL DR #400 MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, SILVIO A MD 110 NW 95 STREET MIAMI, FL 33150	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BATTLE, GEORGE F 9000 SW 152ND ST STE 202 MIAMI, FL 33157	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Patricia C. Handler</i> PATRICIA C. HANDLER					324-8717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date
Daytime Phone #					305