

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90119 017 ***150.00

DOCUMENT # P95000059893

1. Corporation Name
DADEWELL, INC.

Principal Place of Business
8900 NORTH KENDALL DRIVE
MIAMI FL 33176

Mailing Address
8900 NORTH KENDALL DRIVE
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1995

4. FEI Number

65-0615060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENTHAL, DANIEL
BAPTIST HEALTH SYSTEMS OF SOUTH FLORIDA
8900 NORTH KENDALL DRIVE
MIAMI FL 33176-2197

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOD
GONZALEZ-ARIAS, SERGIO M.D.
8900 NORTH KENDALL DRIVE
MIAMI FL 33176 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Steven Meyerson, M.D.
7800 S.W. 87 Ave., #6300
Miami, FL 33173 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMOD
CHRISTIE, JOHN M.D.
8900 NORTH KENDALL DRIVE
MIAMI FL 33176 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Fred Messing
6855 Red Road, #600
Coral Gables, FL 33143 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMOD
ROSEN, JEFFREY M.D.
8900 NORTH KENDALL DRIVE
MIAMI FL 33176 ☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Brian Keely
6855 Red Road, #600
Coral Gables, FL 33143 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COD
ROSENTHAL, DANIEL
8900 NORTH KENDALL DRIVE
MIAMI FL 33176 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GARCIA, ROSA M.D.
8900 NORTH KENDALL DRIVE
MIAMI FL 33176 ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LAWSON, RALPH W. M.D.
8900 NORTH KENDALL DRIVE
MIAMI FL 33176 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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:

Dan Rosenthal
Dan Rosenthal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99
Date

305 273 2557
Daytime Phone #

CR2E034 (11/98)

02555558