

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717101

**Entity Name:** THE DADE COUNTY MEDICAL ASSOCIATION, INC.**Current Principal Place of Business:**1501 NW NORTH RIVER DR.  
2ND FLOOR  
MIAMI, FL 33125**Current Mailing Address:**1501 NW NORTH RIVER DR.  
2ND FLOOR  
MIAMI, FL 33125**FEI Number:** 59-0555657**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANDLER, PATRICIA C EVP  
1501 NW NORTH RIVER DR  
2ND FLOOR  
MIAMI, FL 33125 US*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 C. HANDLER

01/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PIMENTEL, ELEONOR M.D.  
Address        747 PONDE DE LEON BOULEVARD  
                 SUITE #408  
City-State-Zip: MIAMI FL 33134

Title            VICE PRESIDENT  
Name            NULLMAN, ANDREW M.D.  
Address        4302 ALTON ROAD  
                 SUITE #760  
City-State-Zip: MIAMI BEACH FL 33140

Title            TREASURER  
Name            FU, EUGENE M.D.  
Address        P.O. BOX 821485  
City-State-Zip: PEMBROKE PINES FL 33083

Title            PRESIDENT ELECT  
Name            MESKO, TOM M.D.  
Address        4300 ALTON ROAD  
                 2ND FLOOR  
City-State-Zip: MIAMI BEACH FL 33140

Title            SECRETARY  
Name            MARTINEZ, EDUARDO M.D.  
Address        4051 EAST 8TH AVENUE  
                 SUITE #3  
City-State-Zip: HIALEAH FL 33013

Title            PAST PRESIDENT  
Name            ETKIN-KRAMER, ELIZABETH M.D.  
Address        4308 ALTON ROAD  
                 SUITE #880  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby 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 all other like empowered.*

**SIGNATURE:** ELEONOR PIMENTEL, M.D.

PRESIDENT

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date