

2015 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:** Yes**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

01/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title TREASURER
Name RAVELO, RAUL M.D.
Address 9350 SW 72 STREET
SUITE 200
City-State-Zip: MIAMI FL 33173

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: THOMAS MESKO, M.D.

M.D.

01/28/2015

Electronic Signature of Signing Officer/Director Detail

Date