

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 717101

Entity Name: THE DADE COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

1011 SUNNYBROOK ROAD
STE 904
MIAMI, FL 33136

Current Mailing Address:

1011 SUNNYBROOK ROAD
STE 904
MIAMI, FL 33136 US

FEI Number: 59-0555657

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBBE, FRASER
1011 SUNNYBROOK ROAD
STE 904
MIAMI, FL 33136 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: FRASER COBBE

08/27/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MESA, ANTONIO D.O.
Address 9090 SW 87TH COURT
 SUITE 201
City-State-Zip: MIAMI FL 33176

Title IMMEDIATE PAST PRESIDENT
Name MONTFORD, BARBARA M.D.
Address 1190 NW 95TH STREET
 SUITE #106
City-State-Zip: MIAMI FL 33150

Title VP
Name MARCOS, JORGE L. M.D.
Address 835 SW 37TH AVENUE
 SUITE 101
City-State-Zip: MIAMI FL 33135

Title EXECUTIVE DIRECTOR
Name COBBE, FRASER
Address 1011 SUNNYBROOK ROAD
 STE 904
City-State-Zip: MIAMI FL 33136

Title PRESIDENT ELECT
Name MOISE, RUDOLPH M.D.
Address 671 NW 119TH STREET
City-State-Zip: MIAMI FL 33168

Title SECRETARY/TREASURER
Name SUAREZ, JOSE DAVID
Address 6861 SW 44TH STREET
 201
City-State-Zip: MIAMI FL 33155

Title MANAGING DIRECTOR
Name BOSCH DE LEON, ANGEL
Address 1801 SW 32ND AVENUE
 505
City-State-Zip: MIAMI FL 33145

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: FRASER COBBE

EXECUTIVE DIRECTOR

08/27/2019

Electronic Signature of Signing Officer/Director Detail

Date