

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717101

**Entity Name:** THE DADE COUNTY MEDICAL ASSOCIATION, INC.**Current Principal Place of Business:**1800 CORAL WAY  
#453303  
MIAMI, FL 33245**Current Mailing Address:**1800 CORAL WAY  
#453303  
MIAMI, FL 33245 US**FEI Number:** 59-0555657**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBBE, FRASER  
1800 CORAL WAY  
#453303  
MIAMI, FL 33245 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

04/25/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT ELECT  
Name            BONANSEA-FRANCES, ADRIANA  
Address        1800 CORAL WAY  
                  #453303  
City-State-Zip: MIAMI FL 33245

Title            EXECUTIVE DIRECTOR  
Name            COBBE, FRASER  
Address        1800 CORAL WAY  
                  #453303  
City-State-Zip: MIAMI FL 33245

Title            PRESIDENT  
Name            ARES-ROMERO, PATRICIA  
Address        1800 CORAL WAY  
                  #453303  
City-State-Zip: MIAMI FL 33245

Title            MANAGING DIRECTOR  
Name            BOSCH DE LEON, ANGEL  
Address        1800 CORAL WAY  
                  #453303  
City-State-Zip: MIAMI FL 33245

Title            PAST PRESIDENT  
Name            BARRAU, CARMEL  
Address        1190 NW 95 STREET  
                  SUITE 406  
City-State-Zip: MIAMI FL 33150

Title            VP  
Name            MARCOS, JORGE  
Address        1800 CORAL WAY  
                  #453303  
City-State-Zip: MIAMI FL 33245

Title            TREASURER  
Name            KANTOR, JULIE  
Address        1800 CORAL WAY  
                  #453303  
City-State-Zip: MIAMI FL 33245

*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**

04/25/2025

Electronic Signature of Signing Officer/Director Detail

Date