

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002226

**Entity Name:** DADE COUNTY MEDICAL FOUNDATION, INC.**Current Principal Place of Business:**1011 SUNNYBROOK ROAD  
SUITE 904  
MIAMI, FL 33136**Current Mailing Address:**1011 SUNNYBROOK ROAD  
SUITE 904  
MIAMI, FL 33136 US**FEI Number:** 65-0867140**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COBBE, FRASER  
1011 SUNNYBROOK ROAD  
SUITE 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

04/16/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	EXECUTIVE DIRECTOR
Name	COBBE, FRASER
Address	1011 SUNNYBROOK ROAD SUITE 904
City-State-Zip:	MIAMI FL 33136
Title	PRESIDENT
Name	FERNANDEZ, RAFAEL
Address	1011 SUNNYBROOK ROAD SUITE 904
City-State-Zip:	MIAMI FL 33136
Title	VP
Name	ARES ROMERO, PATRICIA
Address	1111 KANE CONCOURSE
City-State-Zip:	BAY HARBOR ISLANDS FL 33154

Title	PAST PRESIDENT
Name	SUAREZ, JOSE DAVID
Address	1011 SUNNYBROOK ROAD SUITE 904
City-State-Zip:	MIAMI FL 33136
Title	PRESIDENT ELECT
Name	BARRAU, CARMEL
Address	1190 NW 95 STREET SUITE 406
City-State-Zip:	MIAMI FL 33150
Title	TREASURER
Name	BONANSEA-FRANCES, ADRIANA
Address	1011 SUNNYBROOK ROAD SUITE 904
City-State-Zip:	MIAMI FL 33136

*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**

04/16/2023

Electronic Signature of Signing Officer/Director Detail

Date