

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000002226

**Entity Name:** DADE COUNTY MEDICAL FOUNDATION, INC.

**Current Principal Place of Business:**

1501 N.W. NORTH RIVER DRIVE  
2ND FLOOR  
MIAMI, FL 33125

**Current Mailing Address:**

1501 N.W. NORTH RIVER DRIVE  
2ND FLOOR  
MIAMI, FL 33125

**FEI Number:** 65-0867140

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HANDLER, PATRICIA C  
1501 N.W. NORTH RIVER DRIVE  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BRIDGES, JAMES WMD  
Address 1190 NW 95 ST STE 110  
City-State-Zip: MIAMI FL 33150  
  
Title SD  
Name BUZNEGO, CARLOS M. D.  
Address 8940 N KENDALL DR #400  
City-State-Zip: MIAMI FL 33176

Title PED  
Name GOLDBERG, ROBERT IMD  
Address 4306 ALTON RD  
City-State-Zip: MIAMI FL 33140  
  
Title TD  
Name BATTLE, GEORGE F  
Address 9000 SW 152ND ST STE 202  
City-State-Zip: MIAMI FL 33157

*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:** JAMES BRIDGES, M.D.

**PRESIDENT**

**01/28/2013**

Electronic Signature of Signing Officer/Director Detail

Date