

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759351

**Entity Name:** GUARDIANSHIP PROGRAM OF DADE COUNTY, INC.

**Current Principal Place of Business:**

8200 NW 33 STREET  
SUITE 400  
DORAL, FL 33122

**Current Mailing Address:**

8200 NW 33 STREET  
SUITE 400  
DORAL, FL 33122 US

**FEI Number:** 59-2124958

**Certificate of Status Desired:** Yes

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

JIMENEZ, MARICELA  
8200 NW 33 STREET  
SUITE 400  
DORAL, FL 33122 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:** MARICELA JIMENEZ

01/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TR  
Name AXMAN, MICHAEL  
Address 8200 NW 33 STREET  
SUITE 400  
City-State-Zip: DORAL FL 33122

Title OF  
Name LESSER, CAREN  
Address 8200 NW 33 STREET, SUITE 400  
City-State-Zip: DORAL FL 33122

Title OF  
Name BRODEUR, JEFF  
Address 8200 NW 33 STREET  
SUITE 400  
City-State-Zip: DORAL FL 33122

Title OF  
Name JIMENEZ, MARICELA  
Address 8200 N.W. 33RD STREET  
SUITE 400  
City-State-Zip: DORAL FL 33122

Title V  
Name ROMERO, ROSA T  
Address 8200 NW 33 STREET  
SUITE 400  
City-State-Zip: DORAL FL 33122

Title PRESIDENT  
Name MANGIERO, DAVID  
Address 8200 NW 33 STREET  
SUITE 400  
City-State-Zip: DORAL FL 33122

Title S  
Name VILAR, CHARLES A.  
Address 8200 NW 33 STREET  
SUITE 400  
City-State-Zip: DORAL FL 33122

*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:** JEFF BRODEUR

**CHIEF FINANCIAL  
OFFICER**

01/12/2024

Electronic Signature of Signing Officer/Director Detail

Date