

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

DOCUMENT# 762700

**Entity Name:** NAMI MIAMI-DADE COUNTY, INC.

**Current Principal Place of Business:**

3150 SW 38TH AVE.  
SUITE 700  
MIAMI, FL 33146

**Current Mailing Address:**

P.O. BOX 430230  
SOUTH MIAMI, FL 33243 US

**FEI Number:** 59-2207150

**Certificate of Status Desired:** No

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

FERNANDEZ, JACQUELINE NICOLE  
3150 SW 38TH AVE.  
SUITE 700  
MIAMI, FL 33146 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:** JACQUELINE N. FERNANDEZ

05/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name RACHER, SUSAN  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR  
Name FRANKLIN, WILLIAM  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title SECOND VICE-CHAIR  
Name ARES-ROMERO, PATRICIA DR.  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243-0230

Title DIRECTOR  
Name RICHARDSON, WALTER T PHD  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243-0230

Title DIRECTOR  
Name BUSSE-ARVESU, ANA TERI  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title VICE-CHAIR  
Name CALVO, PATRICK LT.  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR  
Name HERNANDEZ, HECTOR  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title PRESIDENT AND CEO  
Name HOLTZMAN, SUSAN  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

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*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:** SUSAN HOLTZMAN

PRESIDENT AND CEO

05/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ANDREWS, KEVIN  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR  
Name DURAND, DANTE DR.  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR  
Name KLIGMAN, MICHELLE  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title TREASURER  
Name MUNILLA, JORGE  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR  
Name CORDERO, YURISAN  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR  
Name VIAMONTE ROS, ANA DR.  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243

Title DIRECTOR  
Name BAKER, KALE  
Address P.O. BOX 430230  
City-State-Zip: SOUTH MIAMI FL 33243