### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000925

Entity Name: COMMUNITY HEALTH AND WELLNESS CENTER OF MIAMI INC.

FILED
Apr 09, 2016
Secretary of State
CC1019348006

### **Current Principal Place of Business:**

759 NW 22ND AVE STE 202

MIAMI, FL 33125

# **Current Mailing Address:**

759 NW 22ND AVE STE 202

MIAMI, FL 33125

FEI Number: 46-1906764 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

KENNEDY, DELIA R 10211 SW 13 STREET MIAMI, FL 33174 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:

City-State-Zip:

Title

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

TitlePRESIDENT AND CEOTitleVICE PRESIDENTNameMOREIRA, MASIELNameCUETO, MARIOAddress759 NW 22ND AVE<br/>STE 202Address759 NW 22ND AVE<br/>STE 202

316.20

City-State-Zip: MIAMI FL 33125 City-State-Zip: MIAMI FL 33125

Title EXECUTIVE ASSISTANT Title ADMINISTRATIVE ASSISTANT

Name BECERRA, LEOPOLDO Name FUENTES, ELIZABETH

Address 759 NW 22ND AVE Address 759 NW 22ND AVE

STE 202 STE 202

City-State-Zip: MIAMI FL 33125 City-State-Zip: MIAMI FL 33125

Title VP FOR OPRATIONS AND Title HEALTH AND WELLNESS

DEVELOPMENT COORDINATOR

Name HERRERA, NOIRALITH M Name VALLE, ADIARIS

Address 759 NW 22ND AVE Address 759 NW 22ND AVE

STE 202 STE 202

MIAMI FL 33125 City-State-Zip: MIAMI FL 33125

SPECIAL PROJECTS PROGRAMS ACCOUNTABILITY

Title

Name HIDALGO, GISELA Name ESTRUMSA, LUISA

Address 759 NW 22ND AVE Address 759 NW 22ND AVE

STE 202 STE 202

City-State-Zip: MIAMI FL 33125 City-State-Zip: MIAMI FL 33125

### Continues on page 2

**DEVELOPMENT STAFF AND** 

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: MASIEL MOREIRA PRESIDENT 04/09/2016

DIRECTOR OF PLANNING AND

### Officer/Director Detail Continued:

Title GRANTS AND COMMUNITY RESOURCES

DEVELOPER

Name NUÑEZ, TERESA

Address 759 NW 22ND AVE

STE 202

City-State-Zip: MIAMI FL 33125

Title MEMBER

Name LAURA, REINA

Address 759 NW 22ND AVE

STE 202

City-State-Zip: MIAMI FL 33125

Title MEMBER

Name MORAN, TERESA

Address 759 NW 22ND AVE

STE 202

City-State-Zip: MIAMI FL 33125

Title MEMBER

Name DIEZ, ALEXANDRA

Address 759 NW 22ND AVE

STE 202

City-State-Zip: MIAMI FL 33125

Title MEMBERS

Name COTO, JORGE

Address 759 NW 22ND AVE

STE 202

City-State-Zip: MIAMI FL 33125

Title MEMBER
Name COTS, ANA

Address 759 NW 22ND AVE

STE 202

City-State-Zip: MIAMI FL 33125

Title MEMBER-SECRETARY
Name FUENTES, ELIZABETH

Address 759 NW 22ND AVE

STE 202

City-State-Zip: MIAMI FL 33125

Title MEMBER

Name PAREDES, ELORIE MACIEL

Address 759 NW 22ND AVE

STE 202

City-State-Zip: MIAMI FL 33125