Pg 1 of 2

DOCUMENT # N01000006517

1. Entity Name

PUBLIC HEALTH INSTITUTE OF THE MIAMI-DADE COUNTY HEALTH DEPARTMENT, INC.

FILED
02 AUG 20 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8175 NW 12 ST MIAMI FL 33126	8175 NW 12 ST MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 30-0051514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIVIERA, RIVERA Lillian 8175 NW 12 ST MIAMI FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES, JAMES J DR 1350 NW 14TH ST MIAMI FL 33125 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, VIRGINIA DR 3000 NE 151 ST N MIAMI FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCOY, CLYDE B DR 1801 NW 9 AVE, SUITE 300 MIAMI FL 33136	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, ROBERT G DR. 104 DUXBURY HALL TALLAHASSEE FL 32306-4300 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1/1 8/20 ☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWELL, JAMES T DR 3200 S UNIVERSITY DR FT LAUDERDALE FL 33328-2018 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.C. Dept of Health ☐ Change ☐ Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addi

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-30-02 786 645-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CNPPPJ74 - 01 RUN DATE 03/05/2002 AS OF 03/05/2002 450000 00
FLAIR - CENTRAL ACCOUNTING PAGE 3

POSTED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE
OLO 450000 - DEPARTMENT OF STATE
SITE 00 - DEPARTMENT OF STATE

OLO 640000 - DEPARTMENT OF HEALTH
SITE 13 - DADE CHD - SERGIO FILOY
(786)845-0137

SWDN D2000489114 ADOCNO V002042

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
64 20 2 141001 64200700 13 040000 00		25	3610	61.25	45 50 2 130001 45300100 00 000100 00 INVOICE # REQ057886 61.25			45
TRANSACTION CODE TOTAL - 25				61.25			45	61.25

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