

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006517

FILED  
Apr 01, 2005  
Secretary of State

**Entity Name:** PUBLIC HEALTH INSTITUTE OF THE MIAMI-DADE COUNTY HEALTH DEPARTMENT, INC.

**Current Principal Place of Business:**

8175 NW 12 ST  
MIAMI, FL 33126

**New Principal Place of Business:**

8175 NW 12 ST  
300  
MIAMI, FL 33126

**Current Mailing Address:**

8175 NW 12 ST  
MIAMI, FL 33126

**New Mailing Address:**

8175 NW 12 ST  
300  
MIAMI, FL 33126

FEI Number: 30-0051514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVIERA, LILLIAN  
8175 NW 12 ST  
MIAMI, FL 33126 US

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

ADKISON, BARBARA  
18255 HOMESTEAD AVENUE  
MIAMI, FL 33157 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: BARBARA ADKINSON

04/01/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONNOR, OLGA  
Address: 8175 NW 12 ST.  
City-St-Zip: MIAMI, FL 33126 US

Title: D ( ) Delete  
Name: MCCOY, H. VIRGINIA  
Address: 11200 SW 8 ST (VH 216)  
City-St-Zip: MIAMI, FL 33199 US

Title: D ( ) Delete  
Name: MCCOY, CLYDE B DR  
Address: 1801 NW 9 AVE, SUITE 300  
City-St-Zip: MIAMI, FL 33136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: OLGA CONNOR

D

04/01/2005

Electronic Signature of Signing Officer or Director

Date