

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006517

FILED
Apr 17, 2003
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:

Current Mailing Address:

8175 NW 12 ST
MIAMI, FL 33126

New Mailing Address:

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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAMES, JAMES J DR
Address: 1350 NW 14TH ST
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: MCCOY, VIRGINIA DR
Address: 3000 NE 151 ST
City-St-Zip: N MIAMI, FL 33181

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: D (X) Change () Addition
Name: HUMBERT, NANCY T MSN
Address: 8175 NW 12TH STREET
City-St-Zip: MIAMI, FL 33126

Title: D (X) Change () Addition
Name: SFAKIANAKI, ELENI DR
Address: 1350 NW 14TH STREET
City-St-Zip: MIAMI, FL 33125

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: NANCY T. HUMBERT, MSN, ARNP

MS.

04/17/2003

Electronic Signature of Signing Officer or Director

Date