

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008878

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: MIAMI MINORITY HEALTH CENTER, INC.

## Current Principal Place of Business:

868 SW 1ST STREET  
MIAMI, FL 33130

## New Principal Place of Business:

4150 NW 7 ST #208  
MIAMI, FL 33126

## Current Mailing Address:

868 SW 1ST STREET  
MIAMI, FL 33130

## New Mailing Address:

3128 CORAL WAY  
MIAMI, FL 33145

FEI Number: 02-0629468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ESCALONA, MARTA  
111 SW 67TH AVE  
MIAMI, FL 33144 US

## Name and Address of New Registered Agent:

JAVIER BANOS, ESQ PA  
3126 CORAL WAY  
MIAMI, FL 33145 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: JAVIER BANOS ESQ

01/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ESCALONA, MARTA  
Address: 111 SW 67TH AVE  
City-St-Zip: MIAMI, FL 33194

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MOREJON, JR, JULIO  
Address: 8301 SW 94 ST  
City-St-Zip: MIAMI, FL 33156

Title: DR ( ) Change (X) Addition  
Name: PADRON, DR. FRANCISCO L  
Address: 15713 SW 46 TERRACE  
City-St-Zip: MIAMI, FL 33185

Title: VP ( ) Change (X) Addition  
Name: MARTINEZ, DR. HUGO  
Address: 575 SW 84 AVE  
City-St-Zip: MIAMI, FL 33144

Title: S ( ) Change (X) Addition  
Name: RODRIGUEZ, ENRIQUEZ  
Address: 9139 SW 69 CT  
City-St-Zip: PINECREST, FL 33156

Title: DR ( ) Change (X) Addition  
Name: ESCALONA, MARTA  
Address: 1220 SW 57 AVE APT 21  
City-St-Zip: MIAMI, FL 33185

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JULIO MOREJON JR

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date