2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# N02000009726

Entity Name: METRO DADE FIREFIGHTERS WELLNESS CENTER, INC.

Current Principal Place of Business:

8000 N.W. 21ST STREET
SUITE 200
MIAMI, FL 331221605 US

New Principal Place of Business:

Current Mailing Address:

8000 N.W. 21ST STREET
SUITE 200
MIAMI, FL 331221605 US

New Mailing Address:

FEI Number: 22-3887060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MIERZWA & ASSOCIATES, P.A.
3900 WOODLAKE BOULEVARD
SUITE 212
LAKE WORTH, FL 33463 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: LORENZO, HERMINIO
Address: 8000 NW 21 STREET # 222
City-St-Zip: MIAMI, FL 331221605

Title: PD ( ) Delete
Name: HILLS, STAN
Address: 8000 NW 21 STREET # 222
City-St-Zip: MIAMI, FL 331221605

Title: PD ( ) Delete
Name: DEL CUETO, JOAQUIN
Address: 8000 NW 21 STREET # 200
City-St-Zip: MIAMI, FL 331221605

Title: PD ( ) Delete
Name: CARVAJAL, JORGE
Address: 8000 NW 21 STREET # 222
City-St-Zip: MIAMI, FL 331221605

Title: D ( ) Delete
Name: MENDELSBERG, SCOTT
Address: 8000 NW 21 STREET # 222
City-St-Zip: MIAMI, FL 331221605

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:

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 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: VERONICA SALOM ADMI 07/27/2009
Electronic Signature of Signing Officer or Director — Date