

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010548

FILED
Jan 28, 2011
Secretary of State

Entity Name: NORTH DADE HEALTH CENTER, INC.

Current Principal Place of Business:

16555 NW 25TH AVENUE
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

16555 NW 25TH AVENUE
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WYCHE, KERMIT T MBA
16555 NW 25TH AVENUE
OPA LOCKA, FL 33054 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C/D
Name: MARTIN, MICHAEL
Address: 780 FISHERMAN STREET, #310
City-St-Zip: MIAMI, FL 33054

Title: VC/D
Name: BURNETT, PAMELA
Address: 8255 NW MIAMI COURT, #108
City-St-Zip: MIAMI, FL 33150

Title: T/D
Name: MACKACIO, ALBERTO
Address: 6460 W 27TH COURT, APT 21
City-St-Zip: HIALEAH, FL 33016

Title: S/D
Name: KIRSON, HIRAM
Address: 3640 YACHT CLUB DR., #203
City-St-Zip: AVENTURA, FL 33180

Title: CHAP
Name: SMITH, CALLIE
Address: 18722 NW 27TH AVENUE
City-St-Zip: MIAMI, FL 33056

I hereby 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 all other like empowered.

SIGNATURE: KERMIT T. WYCHE

DIR

01/28/2011

Electronic Signature of Signing Officer or Director

Date