FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 PM 1:40

DOCUMENT # N21519 (6)

1. Corporation Name

DADE COUNTY AREA HEALTH EDUCATION CENTER PROGRAM , INC.

Principal Place of Business	Mailing Address
9200 SOUTH DADELAND BOULEVARD SUITE #110 MIAMI FL 33156	9200 SOUTH DADELAND BOULEVARD SUITE #110 MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1987
3a. Date of Last Report: 02/02/1994
4. FEI Number: 65-0009277 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

RAATTAMA, HENRY H. JR.
200 SOUTH BISCAYNE BLVD, SUITE 4500
SOUTHEAST FINANCIAL CENTER
MIAMI FL

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number Is Not Acceptable)
63
64 City: FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	V/D	☐ Change ☒ Addition
NAME	BROWN, MARJORIE M.D.	1.2 NAME	Marjorie Brown, M.D.	
STREET ADDRESS	1350 N.W. 14TH ST	1.3 STREET ADDRESS	1350 N.W. 14th Street	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fla. 33125	
TITLE	D	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	LOPEZ, EMILIO	2.2 NAME	Diane Horner, Ed.D.	
STREET ADDRESS	5700 N.E. 4TH C T	2.3 STREET ADDRESS	University of Miami School of Nursing	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	P.O. Box 016060(D2-5), Miami, Fla.33101	
TITLE	P	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	HARTLEY, BRODES	3.2 NAME	Fatima Zafar, M.D.	
STREET ADDRESS	10300 S.W. 216TH ST	3.3 STREET ADDRESS	5361 N.W. 22nd Avenue	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fla. 33142	
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	PRESS, BEVERLY	4.2 NAME	ELIMINATE PRESS, BEVERLY	
STREET ADDRESS	710 ALTON RD.	4.3 STREET ADDRESS	" LOPEZ, EMILIO	
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	" HARTLEY, BRODES	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, DOROTHY S	5.2 NAME		
STREET ADDRESS	395 NW 1ST ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	T/D	☐ Change ☒ Addition
NAME	DAVIS, CALEB	6.2 NAME	Carol Pyles, Ed.D. (Eliminate DAVIS, CALEB)	
STREET ADDRESS	3230 HIBISCUS ST	6.3 STREET ADDRESS	395 N.W. 1st Street	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, Fla. 33129	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Horner 1-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006406