

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 12 1996 8:00 am  
Secretary of State

**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**

3. Date Incorporated or Qualified **07/10/1987** 3a. Date of Last Report **02/03/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>65-0009277</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RAATTAMA, HENRY H. JR. 200 SOUTH BISCAYNE BLVD, SUITE 4500 SOUTHEAST FINANCIAL CENTER MIAMI FL</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, M.D. M</b>	1.2 NAME	
STREET ADDRESS	<b>1350 N.W. 14TH STREET</b>	1.3 STREET ADDRESS	<b>9200 S. Dadeland Blvd., Suite 110</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	<b>Miami, Florida 33156-2703</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HORNER, ED.D. D</b>	2.2 NAME	
STREET ADDRESS	<b>UNIVERSITY OF MIAMI SCHOOL OF NURSING</b>	2.3 STREET ADDRESS	<b>9200 S. Dadeland Blvd., Suite 110</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	<b>Miami, Florida 33156-2703</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAFAR, M.D. F</b>	3.2 NAME	
STREET ADDRESS	<b>5361 N.W. 22ND AVENUE</b>	3.3 STREET ADDRESS	<b>9200 S. Dadeland Blvd., Suite 110</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	<b>Miami, Florida 33156-2703</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVIS, DOROTHY S</b>	4.2 NAME	<b>Patricia L. Munhall, Ed.D.</b>
STREET ADDRESS	<b>395 NW 1ST ST</b>	4.3 STREET ADDRESS	<b>9200 S. Dadeland Blvd., Suite 110</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	<b>Miami, Florida 33156-2703</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PYLES, ED.D. C</b>	5.2 NAME	
STREET ADDRESS	<b>395 N.W. 1ST STREET</b>	5.3 STREET ADDRESS	<b>9200 S. Dadeland Blvd., Suite 110</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	5.4 CITY - ST - ZIP	<b>Miami, Florida 33156-2703</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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* **Diane Horner, Ed.D.** 2-6-96 (305) 284-2107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)