FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Mar 03 1997 8:00am
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	9200 SOUTH DADELAND BOULEVARD SUITE #110 MIAMI FL 33156-2703

3. Date Incorporated or Qualified **07/10/1987**	3a. Date of Last Report **02/12/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **65-0009277**	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE		1.1 TITLE	☐ Change ☐ Addition
NAME **BROWN, M.D. M**		1.2 NAME	
STREET ADDRESS **9200 SOUTH DADELAND BLVD, SUITE 110**		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		1.4 CITY-ST-ZIP	
TITLE **PD** ☐ DELETE		2.1 TITLE	☐ Change ☐ Addition
NAME **HORNER, ED.D. D**		2.2 NAME	
STREET ADDRESS **9200 SOUTH DADELAND BLVD, SUITE 110**		2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		2.4 CITY-ST-ZIP	
TITLE **SD** ☐ DELETE		3.1 TITLE	☐ Change ☐ Addition
NAME **ZAFAR, M.D. F**		3.2 NAME	
STREET ADDRESS **9200 SOUTH DADELAND BLVD, SUITE 110**		3.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		3.4 CITY-ST-ZIP	
TITLE **T** ☐ DELETE		4.1 TITLE	☐ Change ☐ Addition
NAME **MUNHALL, PATRICIA L ED. D**		4.2 NAME	
STREET ADDRESS **9200 SOUTH DADELAND BLVD, SUITE 110**		4.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		4.4 CITY-ST-ZIP	
TITLE **VP** ☐ DELETE		5.1 TITLE	☐ Change ☐ Addition
NAME **PYLES, ED.D. C**		5.2 NAME	
STREET ADDRESS **9200 SOUTH DADELAND BLVD, SUITE 110**		5.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL**		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ REQUIRED 2/21/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone # 0027615