


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21519 (6)
1. Corporation Name
DADE COUNTY AREA HEALTH EDUCATION CENTER PROGRAM, INC.



Principal Place of Business 9200 SOUTH DADELAND BOULEVARD SUITE #110 MIAMI FL 33156	Mailing Address 9200 SOUTH DADELAND BOULEVARD SUITE #110 MIAMI FL 33156
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3. Date Incorporated or Qualified
07/10/1987

4. FEI Number
65-0009277

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 33156		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HORNER, ED D		2.2 NAME	
STREET ADDRESS 9200 SOUTH DADELAND BLVD, SUITE 110		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33156		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 33156		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUNHALL, PATRICIA ED. D		4.2 NAME	
STREET ADDRESS 9200 SOUTH DADELAND BLVD, SUITE 110		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33156		4.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 33156		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AGUINAGA, JORGE M.D.		6.2 NAME	
STREET ADDRESS 9200 SOUTH DADELAND BLVD, SUITE 110		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33156		6.4 CITY-ST-ZIP	

14. I 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:  **Manuel E. Fermin**
Executive Director 3/26/98 (305) 670-6953

CR2E037 (10/97)