

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998 1999

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

FILED

JUN 24 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified
07/10/1987

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. 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 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

81 Name Manuel E. Fermin, Executive Director

82 Street Address (P.O. Box Number is Not Acceptable)
Dade County AHEC

83 9200 S. Dadeland Blvd., Suite 110

84 City Miami FL 85 Zip Code 33156

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]* DATE 6/16/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, M.D. M	
STREET ADDRESS	9200 SOUTH DADELAND BLVD, SUITE 110	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HORNER, ED D	
STREET ADDRESS	9200 SOUTH DADELAND BLVD, SUITE 110	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZAFAR, M.D. F	
STREET ADDRESS	9200 SOUTH DADELAND BLVD, SUITE 110	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MUNHALL, PATRICIA ED. D	
STREET ADDRESS	9200 SOUTH DADELAND BLVD, SUITE 110	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PYLES, ED.D. C	
STREET ADDRESS	9200 SOUTH DADELAND BLVD, SUITE 110	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	AGUINAGA, JORGE M.D.	
STREET ADDRESS	9200 SOUTH DADELAND BLVD, SUITE 110	
CITY-ST-ZIP	MIAMI FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	500002918575-3	
1.3 STREET ADDRESS	-06/29/99--01054--020	
1.4 CITY-ST-ZIP	*****61.25 *****61.25	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wade, Cheryl	
2.3 STREET ADDRESS	9200 S. Dadeland Blvd, Suite 110	
2.4 CITY-ST-ZIP	Miami, FL 33156	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Zafar, Fatima	
3.3 STREET ADDRESS	9200 S. Dadeland Blvd, Suite 110	
3.4 CITY-ST-ZIP	Miami, FL 33156	
4.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Morat, Jan	
4.3 STREET ADDRESS	9200 S. Dadeland Blvd, Suite 110	
4.4 CITY-ST-ZIP	Miami, FL 33156	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Pyles, Carol	
5.3 STREET ADDRESS	9200 S. Dadeland Blvd, Suite 110	
5.4 CITY-ST-ZIP	Miami, FL 33156	
6.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Schmidt, Paula	
6.3 STREET ADDRESS	9200 S. Dadeland Blvd, Suite 110	
6.4 CITY-ST-ZIP	Miami, FL 33156	

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 in 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 all additions.

SIGNATURE: *[Signature]* Manuel E. Fermin Executive Director 6/16/99 (305) 670-6953

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0001182