

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N21519**

1. Entity Name

**DADE COUNTY AREA HEALTH EDUCATION CENTER PROGRAM**

**FILED**  
**Jan 22, 2000 8:00 am**  
**Secretary of State**

01-22-2000 90067 003 \*\*\*\*61.25

Principal Place of Business <b>9200 SOUTH DADELAND BOULEVARD SUITE #110 MIAMI FL 33156</b>	Mailing Address <b>9200 SOUTH DADELAND BOULEVARD SUITE #110 MIAMI FL 33156-2703</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0009277</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**FERMIN, MANUEL E**  
**DADE COUNTY AHEC**  
**9200 S. DADELAND BLVD., SUITE 110**  
**MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BROWN, M.D. M</b>	
STREET ADDRESS <b>9200 SOUTH DADELAND BLVD, SUITE 110</b>	
CITY-ST-ZIP <b>MIAMI FL 33156</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>WADE, CHERYL</b>	
STREET ADDRESS <b>9200 SOUTH DADELAND BLVD, SUITE 110</b>	
CITY-ST-ZIP <b>MIAMI FL 33156</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>ZAFAR, FATIMA</b>	
STREET ADDRESS <b>9200 SOUTH DADELAND BLVD, SUITE 110</b>	
CITY-ST-ZIP <b>MIAMI FL 33156</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>MORAT, JAN</b>	
STREET ADDRESS <b>9200 SOUTH DADELAND BLVD, SUITE 110</b>	
CITY-ST-ZIP <b>MIAMI FL 33156</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>PYLES, CAROL</b>	
STREET ADDRESS <b>9200 SOUTH DADELAND BLVD, SUITE 110</b>	
CITY-ST-ZIP <b>MIAMI FL 33156</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete
NAME <b>SCHIMPF, PAULA</b>	
STREET ADDRESS <b>9200 SOUTH DADELAND BLVD, SUITE 110</b>	
CITY-ST-ZIP <b>MIAMI FL 33156</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Martha Sanchez</b>	
STREET ADDRESS <b>9200 S. Dadeland Blvd., Suite 110</b>	
CITY-ST-ZIP <b>Miami, FL 33156</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Deborah V. George, DDS</b>	
STREET ADDRESS <b>9200 S. Dadeland Blvd., Suite 110</b>	
CITY-ST-ZIP <b>Miami, FL 33156</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *Manuel E. Fermin* **REQUIRED** Executive Director 1/15/00 (305)670-6953  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)