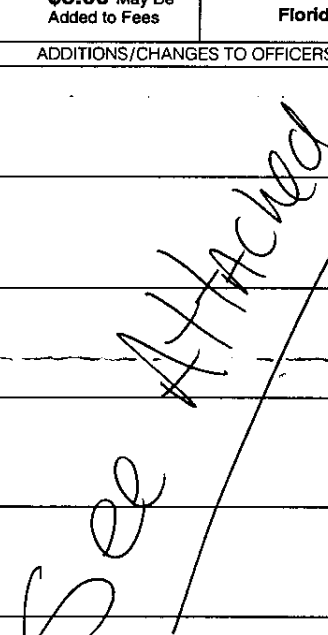


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90045 015 ****61.25

DOCUMENT # N21519 1. Entity Name MIAMI-DADE AREA HEALTH EDUCATION CENTER, INC.					
Principal Place of Business 7700 NORTH KENDALL DRIVE SUITE 804 MIAMI, FL 33156			Mailing Address 7700 NORTH KENDALL DRIVE SUITE 804 MIAMI, FL 33156		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RAFFERTY, GUITIERREZ, SANCHEZ-ABALLI 1101 BRICKELL AVE #1400 MIAMI, FL 33131				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SANCHEZ, MARTHA 7700 NORTH KENDALL DRIVE, SUITE 804 MIAMI, FL 33156		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMPSON, GEORGE MD 3619 PERVICAL AVE COCONUT GROVE, FL 33133		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECARLO, MICHAEL 7700 NORTH KENDALL DRIVE SUITE 804 MIAMI, FL 33156		☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHEL, JACK 7700 NORTH KENDALL DRIVE SUITE 804 MIAMI, FL 33156		☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SFAKIANAKI, ELENI D 7700 NORTH KENDALL DRIVE SUITE 804 MIAMI, FL 33156		☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTINEZ, ENSO A 700 BRICKELL AVE, 4TH FL MIAMI, FL 33131		☒ Delete		
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: _____			Date: 3/11/04 Daytime Phone #: 305-275-6663		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment
2402386

N21519

Miami-Dade AHEC
Board of Directors

President

Jack Michel, MD
Larkin Hospital
7031 SW 62nd Avenue
South Miami, FL 33143

Vice President

Enso A. Martinez
Mellon United National Bank
Mellon Financial Center
1111 Brickell Avenue, 30th Floor
Miami, FL 33131-3128

Ex-Officio

Arthur Fournier, MD
UM AHEC Program Office
P.O. Box 016700 (R700)
Miami, FL 33101

Secretary

Eleni Sfakianaki, MD
Miami-Dade County Health Department
1350 NW 14th Street
Miami, FL 33125

Treasurer

George Simpson, MD
3619 Percival Avenue
Coconut Grove, FL 33133

Sandra Crespo
10861 SW 35 Street
Miami, FL 33165

Juan Carlos Del Valle
Stephen P. Clark Center
Office of the Mayor
111 NW 1st Street, Suite 29
Miami, FL 33128-1994

Eileen A. Maastricht, PA
Law Offices of Eileen A. Maastricht, PA
2655 S. Le Jeune Road, Suite 1108
Coral Gables, FL 33134

Peter Alan-Wainwright Swain
1400 Pennsylvania Avenue, #48
Miami Beach, FL 33139

Tom Teper
2011 NE 214th Terrace
N. Miami Beach, FL 33179

Executive Director

Martha A. Sanchez, BSN, MBA
Miami-Dade AHEC
7700 N. Kendall Dr., Suite 804
Miami, FL 33156