2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# N21519

Entity Name: MIAMI-DADE AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

7700 NORTH KENDALL DRIVE
SUITE 804
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

7700 NORTH KENDALL DRIVE
SUITE 804
MIAMI, FL 33156

New Mailing Address:

FEI Number: 65-0009277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAFFERTY, GUITIERREZ, SANCHEZ-ABALLI
1101 BRICKELL AVE
#1400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ED ( ) Delete
Name: SANCHEZ, MARTHA
Address: 7700 NORTH KENDALL DRIVE, SUITE 804
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete
Name: SIMPSON, GEORGE MD
Address: 3619 PERVICAL AVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: P ( ) Delete
Name: MICHEL, JACK MD
Address: 7031 SW 62ND AVE.
City-St-Zip: SOUTH MIAMI, FL 33143

Title: V ( ) Delete
Name: MARTINEZ, EMSO A
Address: 1111 BRICKELL AVE., 30TH FLR.
City-St-Zip: MIAMI, FL 331313128

Title: S ( ) Delete
Name: SLAKLANASKI, ELENI MD
Address: 1350 NW 14TH ST.
City-St-Zip: MIAMI, FL 33125

Title: T (X) Delete
Name: SIMPSON, GEORGE MD
Address: 3619 PERCIVAL AVE.
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: SANCHEZ, MARTHA
Address: 7700 NORTH KENDALL DRIVE, SUITE 804
City-St-Zip: MIAMI, FL 33156

Title: P (X) Change ( ) Addition
Name: MARTINEZ, ENSO A
Address: 1111 BRICKELL AVE, 30TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: V (X) Change ( ) Addition
Name: MAASTRICHT, EILEEN ESQ
Address: 2655 S. LE JEUNE ROAD, SUITE 1108
City-St-Zip: CORAL GABLES, FL 33134

Title: T (X) Change ( ) Addition
Name: DEL VALLE, JUAN C
Address: 111 NW 1ST STREET, SUITE 29
City-St-Zip: MIAMI, FL 33128

Title: S (X) Change ( ) Addition
Name: TEPER, TOM CPA
Address: 2011 NE 214TH TERRACE
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA SANCHEZ CEO 01/11/2005

Electronic Signature of Signing Officer or Director — Date