2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N21519

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

Current Principal Place of Business:

8600 NW 53RD TERRACE
SUITE 200
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8600 NW 53RD TERRACE
SUITE 200
MIAMI, FL 33166

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: CEO ( ) Delete
Name: SANCHEZ, MARTHA
Address: 8600 NW 53RD TERRACE- SUITE 200
City-St-Zip: MIAMI, FL 33166

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition
Name: MARTINEZ, ENSO A
Address: 121 ALHAMBRA PLAZA, PENTHOUSE# 2
City-St-Zip: MIAMI, FL 33134

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 03/16/2009

Electronic Signature of Signing Officer or Director — Date