

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21519

FILED  
Jan 06, 2012  
Secretary of State

**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:**

1200 NW 78TH AVENUE  
SUITE 209  
MIAMI, FL 33126

**Current Mailing Address:**

8600 NW 53RD TERRACE  
SUITE 200  
MIAMI, FL 33166

**New Mailing Address:**

1200 NW 78TH AVENUE  
SUITE 209  
MIAMI, FL 33126

**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  
Name: SANCHEZ, MARTHA  
Address: 1200 NW 78TH AVENUE- SUITE 209  
City-St-Zip: MIAMI, FL 33126

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARTHA SANCHEZ

CEO

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date