

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90070 007 ****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

4. FEI Number **65-0009277**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAFFERTY, GUTIERREZ, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	ED	☐ Delete
NAME	SANCHEZ, MARTHA	
STREET ADDRESS	7700 NORTH KENDALL DRIVE, SUITE 804	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	☒ Delete
NAME	DAYA, MOHINI	
STREET ADDRESS	7700 NORTH KENDALL DRIVE SUITE 804	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	P	☐ Delete
NAME	DECARLO, MICHAEL	
STREET ADDRESS	7700 NORTH KENDALL DRIVE SUITE 804	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	☐ Delete
NAME	MICHEL, JACK	
STREET ADDRESS	7700 NORTH KENDALL DRIVE SUITE 804	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	☐ Delete
NAME	SFAKIANAKI, ELENI D	
STREET ADDRESS	7700 NORTH KENDALL DRIVE SUITE 804	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	☒ Delete
NAME	MALONE, KATHY	
STREET ADDRESS	7700 NORTH KENDALL DRIVE SUITE 804	
CITY-ST-ZIP	MIAMI FL 33156	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

SIG. Martha A. Sanchez
Executive Director 3/20/03 305-275-6663

CR2E037 (10/02)

Attachment

90060294
N21519

Miami-Dade AHEC
Board of Directors

President

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Home (305) 867-1975
jmichel@larkinhospital.com

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eam3@ntrs.com

Secretary

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Executive Director

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