


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N25406 1. Entity Name DADE ARC FOUNDATION, INC.	
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Principal Place of Business
%MICHAEL E. MESSER
5555 BISCAYNE BLVD.
MIAMI, FL 33137 US

Mailing Address
C/O MICHAEL E MESSER
5555 BISCAYNE BLVD.
MIAMI, FL 33137 US



04222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0929620

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESSER, MICHAEL E.
5555 BISCAYNE BLVD.
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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 renouncing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
MESSER, MICHAEL E.
5555 BISCAYNE BLVD.
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1VPD
SALAZAR, HELEN
5555 BISCAYNE BLVD.
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WIENER, LARRY
5555 BISCAYNE BLVD.
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
REED, BEN
5555 BISCAYNE BLVD.
MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000937901
05/27/08-80069-005 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/08 305-759-8500