


**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90234 009 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000004682</b>					
1. Corporation Name <b>DORMAC HEALTH EDUCATION, INC.</b>					
Principal Place of Business 20200 SW 111TH AVE. MIAMI FL 33189			Mailing Address 20200 SW 111TH AVE. MIAMI FL 33189		
2. Principal Place of Business Same as Above		2a. Mailing Address Same as above		3. Date Incorporated or Qualified 08/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number PA 65-0861601	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>MCINTOSH, DOROTHY</b> <b>20200 SW 111TH AVE.</b> <b>MIAMI FL 33189</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>Dorothy McIntosh</i> DATE <b>04-21-99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>D</b> NAME <b>Dorothy McIntosh</b> STREET ADDRESS <b>20200 S.W. 111 Avenue</b> CITY-ST-ZIP <b>Miami, FL 33189</b>	<input type="checkbox"/> DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>Barbara Montague</b> STREET ADDRESS <b>16925 S.W. 109 Ct</b> CITY-ST-ZIP <b>Miami, FL 33157</b>	<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>Treasury</b> STREET ADDRESS <b>Beryl Brink</b> CITY-ST-ZIP <b>16505 SW 107 Ct</b> <b>Miami, Florida 33157</b>	<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>Debbie</b> STREET ADDRESS <b>Edna</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>Wolfe</b> STREET ADDRESS <b>Hammonds</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>Hanna</b> STREET ADDRESS <b>Mack</b> CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

04-21-99

(305) 255-6415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)