

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000059407

Entity Name: MIAMI-DADE HEALTH, INC.

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9415 NE 6 AVE  
MIAMI SHORES, FL 33138 US

**New Principal Place of Business:**

7805 CORAL WAY  
SUITE 107  
MIAMI, FL 33155 US

**Current Mailing Address:**

PO BOX 141799  
CORAL GABLES, FL 33114 US

**New Mailing Address:**

FEI Number: 20-4658994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORDOVA, ANGEL D  
782 NW 42 AVENUE  
SUITE 340  
MIAMI, FL 33126 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: P  
Name: PEREZ, ALFONSO J  
Address: 7805 CORAL WAY SUITE 107  
City-St-Zip: MIAMI, FL 33155

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALFONSO J PEREZ

MGR

03/02/2011

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

\_\_\_\_\_  
Date