

**2026 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 702242

**Entity Name:** UNIVERSITY OF MIAMI

**Current Principal Place of Business:**

NEWMAN ALUMNI CENTER, C/O RISK MANAGEMENT  
6200 SAN AMARO DRIVE SUITE 430  
CORAL GABLES, FL 33146

**Current Mailing Address:**

P.O. BOX 248106  
CORAL GABLES, FL 33146 US

**FEI Number:** 59-0624458

**Certificate of Status Desired:** Yes

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

SPEZIANI, HUMBERTO  
UHEALTH DISTRIBUTION CENTER, C/O REGISTERED AGENT  
1080 SE 5TH STREET SUITE 100  
HIALEAH, FL 33010 US

*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

**Officer/Director Detail :**

Title PRESIDENT & CHIEF EXECUTIVE OFFICER, UNIVERSITY OF MIAMI  
Name ECHEVARRIA, JOSEPH J.  
Address ASHE ADMINISTRATION BUILDING 1252 MEMORIAL DRIVE SUITE 230  
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VICE PRESIDENT FOR ACADEMIC AFFAIRS & PROVOST  
Name SAMUELS, JOEL H  
Address ASHE ADMINISTRATION BUILDING 1252 MEMORIAL DRIVE SUITE 240  
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VICE PRESIDENT FOR ADMINISTRATION & CHIEF HUMAN RESOURCES OFFICER  
Name MINCEY, ALISON  
Address ASHE ADMINISTRATION BUILDING 1252 MEMORIAL DRIVE SUITE 230  
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY & ASSOCIATE VICE PRESIDENT  
Name MARINE-DAVIS, FRANCES  
Address ASHE ADMINISTRATION BUILDING 1252 MEMORIAL DRIVE SUITE 200  
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VICE PRESIDENT FOR UNIVERSITY OPERATIONS & EXTERNAL AFFAIRS  
Name FERNANDEZ, RUDY  
Address ASHE ADMINISTRATION BUILDING 1252 MEMORIAL DRIVE SUITE 225  
City-State-Zip: CORAL GABLES FL 33146

Title EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS & CHIEF EXECUTIVE OFFICER, UHEALTH  
Name PAREKH, DIPEN  
Address DON SOFFER CLINICAL RESEARCH CENTER 1120 NW 14 STREET THIRD FLOOR  
City-State-Zip: MIAMI FL 33136

*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:** FRANCES MARINE-DAVIS

**SECRETARY**

**06/04/2026**

Electronic Signature of Signing Officer/Director Detail

Date