

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711491

Entity Name: NORTH DADE CENTER, INC.**Current Principal Place of Business:**4481 N W 167 ST
OPALOCKA, FL 33055-4311**Current Mailing Address:**4481 N W 167 ST
OPALOCKA, FL 33055-4311**FEI Number: 59-1149262****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BOAS, DAVID
11440 NORTH KENDALL DR
STE. 205
MIAMI, FL 33176 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	VP	Title	PD
Name	KIALEW, JOHN	Name	PERLMUTTER, STANLEY
Address	5414 NW 192 LANE	Address	600 NE 2ND ST. APT. 306
City-State-Zip:	OPA LOCKA FL 33055	City-State-Zip:	DANIA FL 33004
Title	SEC/TREASURER		
Name	BOAS, DAVID C		
Address	11440 N KENDALL DR STE 205		
City-State-Zip:	MIAMI FL 33176-1024		

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: DAVID BOAS**SEC/TREA****04/22/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date