

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001653

**Entity Name:** MIAMI DADE ASSOCIATION OF HEALTH UNDERWRITERS, INC.

**Current Principal Place of Business:**

12002 SW 128 CT  
SUITE 207  
MIAMI, FL 33143

**Current Mailing Address:**

12002 SW 128 CT  
SUITE 207  
MIAMI, FL 33143 US

**FEI Number:** 65-0284035

**Certificate of Status Desired:** No

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

BENITEZ, WALTER M  
12002 SW 128 CT  
SUITE 207  
MIAMI, FL 33143 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:** WALTER BENITEZ

08/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	S	Title	PRESIDENT
Name	PINO, NORI	Name	PEREZ, JACQUELINE M
Address	7901 SW 6TH COURT	Address	12002 SW 128 CT SUITE 207
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	MIAMI FL 33143

*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:** NORI PINO

**SECRETARY**

08/04/2023

Electronic Signature of Signing Officer/Director Detail

Date