

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21519

**Entity Name:** MIAMI-DADE AREA HEALTH EDUCATION CENTER, INC.

**FILED**  
**Jan 07, 2013**  
**Secretary of State**  
**CC2683155827**

**Current Principal Place of Business:**

1200 NW 78TH AVENUE  
SUITE 209  
MIAMI, FL 33126

**Current Mailing Address:**

1200 NW 78TH AVENUE  
SUITE 209  
MIAMI, FL 33126

**FEI Number:** 65-0009277

**Certificate of Status Desired:** No

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

RAFFERTY, GUITIERREZ, SANCHEZ-ABALLI  
1101 BRICKELL AVE  
#1400  
MIAMI, FL 33131 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 P  
Name MICHEL, JACK  
Address 12605 BISCAYNE BAY DRIVE  
City-State-Zip: NORTH MIAMI FL 33181

Title T  
Name CARRASQUILLO, OLVEEN  
Address 7355 SW 98TH STREET  
City-State-Zip: MIAMI FL 33156

Title S  
Name GOMEZ, TOMY M  
Address 16950 N BAYROAD  
1711  
City-State-Zip: SUNNY ISLES FL 33160

*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: TOMY M. GOMEZ**

**SECRETARY**

**01/07/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date