2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2025
Secretary of State
6207217477CC

DOCUMENT# N21519

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

Current Principal Place of Business:

7955 NW 12TH STREET
SUITE 429
MIAMI, FL 33126

Current Mailing Address:

7955 NW 12TH STREET
SUITE 429
MIAMI, FL 33126 US

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	DIRECTOR
Name	MICHEL, JACK
Address	5996 SW 70TH STREET 5TH FLOOR
City-State-Zip:	SOUTH MIAMI FL 33143

Title	TREASURER
Name	LOPEZ, LILLIAM M
Address	333 ARTHUR GODFREY ROAD SUITE 300
City-State-Zip:	MIAMI BEACH FL 33140

Title	DIRECTOR
Name	GREER, FLORENCE
Address	11200 SW 8TH STREET
City-State-Zip:	MIAMI FL 33199

Title	PRESIDENT
Name	EDD, LOUIS LAZO
Address	7955 NW 12TH STREET SUITE 429
City-State-Zip:	MIAMI FL 33126

Title	DIRECTOR
Name	CARRASQUILLO, OLVEEN
Address	1120 NW 14TH STREET
City-State-Zip:	MIAMI FL 33136

Title	CEO
Name	ROMAN, MARILYN
Address	7955 NW 12TH STREET SUITE 429
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	DAILY, MICHAEL
Address	6523 SW 148 PLACE
City-State-Zip:	MIAMI FL 33193

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: MARILYN ROMAN CEO 02/11/2025

Electronic Signature of Signing Officer/Director Detail — Date