

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21519

Entity Name: MIAMI-DADE AREA HEALTH EDUCATION CENTER, INC.**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:** Yes**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	12605 BISCAYNE BAY DRIVE
City-State-Zip:	NORTH MIAMI FL 33181

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

Title	TREASURER
Name	LOPEZ, LILLIAM M
Address	1200 NW 78 AVENUE 209
City-State-Zip:	DORAL FL 33126

Title	CEO
Name	ROMAN, MARILYN
Address	1200 NW 78 AVENUE SUITE 209
City-State-Zip:	DORAL FL 33126

Title	PRESIDENT
Name	GREER, FLORENCE
Address	1200 NW 78TH AVENUE SUITE 209
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	DAILY, MICHAEL
Address	1200 NW 78TH AVENUE SUITE 209
City-State-Zip:	MIAMI FL 33126

Title	DIRECTOR
Name	SOUTO, ISLARA B
Address	1200 NW 78TH AVE SUITE 209
City-State-Zip:	MIAMI FL 33126

Title	SECRETARY
Name	EDD, LOUIS LAZO
Address	1200 NW 78TH ANE SUITE 209
City-State-Zip:	MIAMI FL 33126

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**CHIEF EXECUTIVE
OFFICER****06/11/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date