

2014 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 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

CHIEF EXECUTIVE
OFFICER

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date