2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21519

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

FILED
Mar 27, 2023
Secretary of State
7154951398CC

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: 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 Title DIRECTOR

NameMICHEL, JACKNameCARRASQUILLO, OLVEENAddress5996 SW 70TH STREETAddress1120 NW 14TH STREET

5TH FLOOR

City-State-Zip: MIAMI FL 33136

Title CEO Title TREASURER

Name ROMAN, MARILYN
Name LOPEZ, LILLIAM M

Address 333 ARTHUR GODFREY ROAD Address 7955 NW 12TH STREET SUITE 429

ddress 333 ARTHUR GODFREY ROAD SUITE 429
SUITE 300

City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR Title PRESIDENT

 Name
 DAILY, MICHAEL

 Name
 DAILY, MICHAEL

 Address
 11200 SW 8TH STREET

Address
6523 SW 148 PLACE

City-State-Zip: MIAMI FL 33193

Title VP

Title DIRECTOR Name EDD, LOUIS LAZO

Name SOUTO, ISLARA B Address 7955 NW 12TH STREET

Address 7955 NW 12TH STREET SUITE 429

SUITE 429

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 CEO 03/27/2023