

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21519

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

FILED
Mar 30, 2017
Secretary of State
CC8438828235

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

Title DIRECTOR
Name DAILY, MICHAEL
Address 1200 NW 78TH AVENUE
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**

03/30/2017

Electronic Signature of Signing Officer/Director Detail

Date