

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000069264

Entity Name: DADE MEDICAL COLLEGE, INC.**Current Principal Place of Business:**95 MERRICK WAY
SUITE 700
CORAL GABLES, FL 33134**Current Mailing Address:**95 MERRICK WAY
SUITE 700
CORAL GABLES, FL 33134 US**FEI Number:** 65-0939218**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JANEIRO, JONATHAN R.
95 MERRICK WAY
SUITE 700
CORAL GABLES, FL 33134 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:** JONATHAN R. JANEIRO

04/22/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LOPEZ, ROGELIO
Address	95 MERRICK WAY SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	CFO
Name	GRESSETT, CHRIS
Address	95 MERRICK WAY SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	CEO
Name	JANEIRO, JONATHAN R.
Address	95 MERRICK WAY SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	CEO
Name	MENDEZ, RAUL
Address	95 MERRICK WAY SUITE 700
City-State-Zip:	CORAL GABLES FL 33134

Title	DIRECTOR
Name	PEREZ, ERNESTO A.
Address	1020 SOROLLA AVE.
City-State-Zip:	CORAL GABLES FL 33134

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN R. JANEIRO

CEO

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date