

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

RECEIVED
OFFICE USE ONLY

2013 MAY 23 PM 1: 15

MIAMI-DADE
ELECTIONS

1. Full Name of Committee

CITIZENS FOR A HEALTHY MIAMI-DADE

Telephone

305-373-5500

Mailing Address (include city, state and zip code)

c/o MORRISON, BROWN, ARGIZ & FARRA, LLC
1450 BRICKELL AVENUE, 18TH FLOOR, MIAMI, FL 33131

Street Address (include city, state and zip code)

c/o MORRISON, BROWN, ARGIZ & FARRA, LLC
1450 BRICKELL AVENUE, 18TH FLOOR, MIAMI, FL 33131

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or
Connected Organization

Mailing Address

Relationship

NONE

3. Area, Scope and Jurisdiction of the Committee

MIAMI-DADE COUNTY

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

TO ADVOCATE FOR JACKSON HEALTH SYSTEM TO ENHANCE ITS PROGRAMS AND FACILITIES
IN ORDER TO COMPETE SUCCESSFULLY IN AN EVOLVING HEALTHCARE ENVIRONMENT.

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name

Mailing Address

Committee Title or Position

ED S TOR GAS

c/o MORRISON, BROWN, ARGIZ &
FARRA, LLC
1450 BRICKELL AVENUE,
18TH FLOOR
MIAMI, FL 33131

TREASURER

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
ANTONIO L. ARGIZ	c/o MORRISON, BROWN, ARGIZ & FARRA, LLC 1450 BRICKELL AVENUE, 18TH FLOOR MIAMI, FL 33131	CHAIRMAN

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
NONE			

8. List Any Issues this Committee is Supporting: LOCAL REFERENDUM ON BOND ISSUE FOR JACKSON HEALTH SYSTEM

List Any Issues this Committee is Opposing:

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

NONE

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

MOST LIKELY CONTRIBUTED TO 501 (C)(3) AS ALLOWED UNDER FLORIDA LAW

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
CITY NATIONAL BANK OF FLORIDA	1450 BRICKELL AVENUE MIAMI, FL 33131

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
FORM SS-4 FORM 8871 OR 1024 AS MAY BE REQUIRED	UPON FORMATION MARCH 15, ANNUALLY	INTERNAL REVENUE SERVICE	OGDEN, UTAH 84201

STATE OF FLORIDA

MIAMI-DADE COUNTY

I, ANTONIO L. ARGIZ, certify that the information in this Statement of

Organization is complete, true and correct.

X Antonio L. Argiz
Signature of Chairman of Political Committee

5/21/2013
Date

RECEIVED
 MIAMI-DADE
 ELECTIONS
 2013 MAY 23 PM 1: 5

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR
POLITICAL COMMITTEES**
(Sections 106.011(1) and 106.021(1), F.S.)

RECEIVED


2013 MAY 23 PM 1:15

MIAMI-DADE
ELECTIONS

CHECK APPROPRIATE BOX:

OFFICE USE ONLY


Original Appointment of Treasurer Reappointment of Treasurer Deputy Treasurer

1. Committee or Organization CITIZENS FOR A HEALTHY MIAMI-DADE		2. Telephone (305) 373-5500	
3. Name of Treasurer or Deputy Treasurer ED S. TORGAS		4. Email (optional)	
5. Telephone (optional) (305) 373-5500		6. Mailing Address c/o MORRISON, BROWN, ARGIZ & FARRA, LLC, 1450 BRICKELL AVENUE, 18TH FLOOR, MIAMI, FL 33131	
7. Street Address c/o MORRISON, BROWN, ARGIZ & FARRA, LLC, 1450 BRICKELL AVENUE, 18TH FLOOR, MIAMI, FL 33131			
8. The following bank has been designated as the <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository			
9. Name of Bank CITY NATIONAL BANK		10. Street Address 1450 BRICKELL AVENUE	
11. City MIAMI		12. State FL	13. Zip Code 33131
14. Signature of Chairman X 		15. Name of Chairman (Print or Type) ANTONIO L. ARGIZ	

Campaign Treasurer's Acceptance of Appointment

I, ED S. TORGAS, do hereby accept the appointment as
(Please Print or Type)
treasurer or deputy treasurer for CITIZENS FOR A HEALTHY MIAMI-DADE
(Committee or Organization)

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

5/13/13 **X** 
Date Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

OFFICE USE ONLY

2013 MAY 23 PM 1:16

MIAMI-DADE
ELECTIONS

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name ED S. TORGAS	Telephone 305-373-5500
----------------------	---------------------------

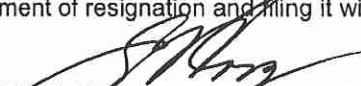
Street Address
c/o MORRISON, BROWN, ARGIZ & FARRA, LLC, 1450 BRICKELL AVENUE, 18TH FLOOR

City MIAMI	State FL	Zip Code 33131
---------------	-------------	-------------------

Mailing Address
c/o MORRISON, BROWN, ARGIZ & FARRA, LLC, 1450 BRICKELL AVENUE, 18TH FLOOR

City MIAMI	State FL	Zip Code 33131
---------------	-------------	-------------------

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

 _____ 5/13/13 _____
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name	Telephone
------	-----------

Street Address

City	State	Zip Code
------	-------	----------

Committee or Organization Information

Name of Committee or Organization
CITIZENS FOR A HEALTHY MIAMI-DADE

Street Address c/o MORRISON, BROWN, ARGIZ & FARRA, LLC, 1450 BRICKELL AVENUE, 18TH FLOOR	Telephone 305-373-5500
---	---------------------------

City MIAMI	State FL	Zip Code 33131
---------------	-------------	-------------------

 _____
Signature of Chairperson

ANTONIO L. ARGIZ 5/13/13 _____
Printed Name of Chairperson Date



Access to Handbook and the
Election Laws of the State of Florida

RECEIVED

2013 MAY 23 PM 1: 16

MIAMI-DADE
ELECTIONS

Candidate/Chairperson:

ANTONIO

L.

ARGIZ

First Name

Middle Name

Last Name

CITIZENS FOR A HEALTHY MIAMI-DADE

Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

- Candidate Qualifying Handbook (<http://www.miamidade.gov/elections/candidate.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.
- Political Committee Handbook (<http://www.miamidade.gov/elections/pacs.asp>)
Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: _____

Candidate / Chairperson Signature

Date: 5/13/13

Primary Telephone Number: 305-373-5500

Alternate Telephone Number: 305-987-4252

E-mail address: TARGIZ@MBAFCPA.COM

RECEIVED

2013 MAY 23 PM 1:16

Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County



MIAMI-DADE
ELECTIONS

Candidate (office sought): _____

Candidate's Florida Voter Registration Number: _____

Political Committee: CITIZENS FOR A HEALTHY MIAMI-DADE

Party Executive Committee: _____

Other: _____

I, ANTONIO L. ARGIZ
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

Antonio L. Argiz _____ 5/13/13 _____
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305-373-5500

Email Address: TARGIZ@MBAFCPA.COM

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.