

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011044

FILED
Apr 29, 2012
Secretary of State

Entity Name: HAITI CLINIC, INC.

Current Principal Place of Business:

865 37TH PLACE
VERO BEACH, FL 32960

New Principal Place of Business:

8 HIGH MEADOW CIRCLE
WELLESLEY, MA 02482 US

Current Mailing Address:

865 37TH PLACE
VERO BEACH, FL 32960

New Mailing Address:

8 HIGH MEADOW CIRCLE
WELLESLEY, MA 02482 US

FEI Number: 26-1960750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESKEL, NEIL
865 37TH PLACE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

KAPLAN, LAWRENCE
8 HIGH MEADOW CIRCLE
WELLESLEY, FL 02482 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: LAWRENCE KAPLAN

04/29/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: PARVUS, DIRK
Address: 1850 37TH ST
City-St-Zip: VERO BEACH, FL 32960

Title: D/P
Name: KAPLAN, LAWRENCE
Address: 8 HIGH MEADOW CIRCLE
City-St-Zip: WELLESLEY, MA 02482 US

Title: D/VP
Name: JOHNSTON, KATHRYN
Address: 1962 26TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

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: KATHRYN JOHNSTON

VP

04/29/2012

Electronic Signature of Signing Officer or Director

Date