2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002761

FILED Mar 30, 2011 Secretary of State

Entity Name: HAITIAN AMERICAN NURSING ORGANIZATION & ALLIED OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2051 SW NEWPORT ISLES BLVD PORT SAINT LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

2051 SW NEWPORT ISLES BLVD PORT SAINT LUCIE, FL 34953

FEI Number: 30-0616116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARCELIN, PAULEY 2051 SW NEWPORT ISLES BLVD PORT SAINT LUCIE, FL 34953 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

OFFICERS AND DIRECTORS:

Title: F

Name: PAULEY MARCELIN,

Address: 2051 SW NEWPORT ISLES BLVD
City-St-Zip: PORT SAINT LUCIE FL, FL 34953 US

Title: VP

Name: LABADY YVES, Address: 192 CATANIA WAY

City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP

Name: MARGARETTE JEROME,
Address: 13348 62ND COURT NORTH
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: T

Name: MARIE CARMELLE JEAN,
Address: 12003 PONCIANIA BLVD #204
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title:

 Name:
 BETSY THEODULE,

 Address:
 17438 81ST LAND N

 City-St-Zip:
 LOXAHACHEE, FL 33470 US

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: PAULEY MARCELIN MR 03/30/2011