

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002761

FILED
Apr 25, 2012
Secretary of State

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

Current Principal Place of Business:

2051 SW NEWPORT ISLES BLVD
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2051 SW NEWPORT ISLES BLVD
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 30-0616116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

P

04/25/2012

Electronic Signature of Signing Officer or Director

Date