

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR -3 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005789 (2)**

1. Corporation Name

**FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA, INC.**

Principal Place of Business

1067 SW 86TH CT.  
MIAMI FL 33144

1067 SW 86TH CT.  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/23/1994**

3a. Date of Last Report

4. FEI Number

**65-0550188**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**NO** \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

**APPLIED FOR** \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes

Yes  No

2. Principal Place of Business

21 **1067 S.W. 86th CT**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **MIAMI FLORIDA**

27 City & State

28 Zip

29 Country

24 **33144**

25 **USA.**

30

9. Name and Address of Current Registered Agent

**FLOREN, ANGELICA DR.  
1067 SW 86TH CT.  
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*A. Floren M.D.*

**2/3/95.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DE PELLERANO, GERMANIA</b>
STREET ADDRESS	<b>EPS A-383, P.O. BOX 5256 N/A</b>
CITY - ST - ZIP	<b>MIAMI FL 33102</b>
TITLE	<b>D</b>
NAME	<b>DE ARMENTEROS, MARIA L</b>
STREET ADDRESS	<b>EPS A-383, P.O. BOX 5256 N/A</b>
CITY - ST - ZIP	<b>MIAMI FL 33102</b>
TITLE	<b>D</b>
NAME	<b>DE PAIZ, OLGA</b>
STREET ADDRESS	<b>EPS A-383, P.O. BOX 5256 N/A</b>
CITY - ST - ZIP	<b>MIAMI FL 33102</b>
TITLE	<b>D</b>
NAME	<b>DE FERIS, PILAR</b>
STREET ADDRESS	<b>EPS A-383, P.O. BOX 5256 N/A</b>
CITY - ST - ZIP	<b>MIAMI FL 33102</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DE FIALLO GERMANIA</b>
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>50000 1448605</b>
2.3 STREET ADDRESS	<b>-04/06/95--01008--020</b>
2.4 CITY - ST - ZIP	<b>****130.00 ****130.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Dr. Director</b>
5.3 STREET ADDRESS	<b>Peinado, MARIA De Los Angeles</b>
5.4 CITY - ST - ZIP	<b>8250 SW 33 Terr. MIAMI FLORIDA 33155.</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Dr. DIRECTOR.</b>
6.3 STREET ADDRESS	<b>FLOREN, ANGELICA</b>
6.4 CITY - ST - ZIP	<b>1067 S.W. 86th CT MIAMI, FLORIDA 33144</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

*A. Floren M.D.*

**2/4/95.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR