

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005789

FILED
Feb 12, 2009
Secretary of State

Entity Name: FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA, INC.

Current Principal Place of Business:

2333 BRICKEL AVE.
602
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

2333 BRICKEL AVE.
602
MIAMI, FL 33129

New Mailing Address:

FEI Number: 65-0550188 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOREN, ANGELICA DR.
2333 BRICKEL AVE
APT 602
MIAMI, FL 33129 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: D () Delete
Name: DE FIALLO, GERMANIA
Address: EPS A-383, P.O. BOX 5256 N/A
City-St-Zip: MIAMI, FL 33102

Title: D () Delete
Name: DE ARMENTEROS, MARIA L
Address: EPS A-383, P.O. BOX 5256 N/A
City-St-Zip: MIAMI, FL 33102

Title: D () Delete
Name: DE PAIZ, OLGA
Address: EPS A-383, P.O. BOX 5256 N/A
City-St-Zip: MIAMI, FL 33102

Title: D () Delete
Name: DE FERIS, PILAR
Address: EPS A-383, P.O. BOX 5256 N/A
City-St-Zip: MIAMI, FL 33102

Title: D () Delete
Name: PEINADO, MARIA
Address: 8250 S.W. 33 TERR
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: FLOREN, ANGELICA
Address: 2333 BRICKEL AVE APT 602
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARIA PEINADO M.D.

VP

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date