2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

1067 SW 86TH CT.

3. Mailing Address

City & State

Suite, Apt. #, etc.

MIAMI FL 33144

DOCUMENT # N9400005789

Country

6. Name and Address of Current Registered Agent

1. Entity Name

1067 SW 86TH CT.

MIAMI FL 33144

Principal Place of Business

2. Principal Place of Business

FLOREN, ANGELICA DR.

1067 SW 86TH CT. **MIAMI FL 33144**

Suite, Apt. #, etc.

City & State

Zip

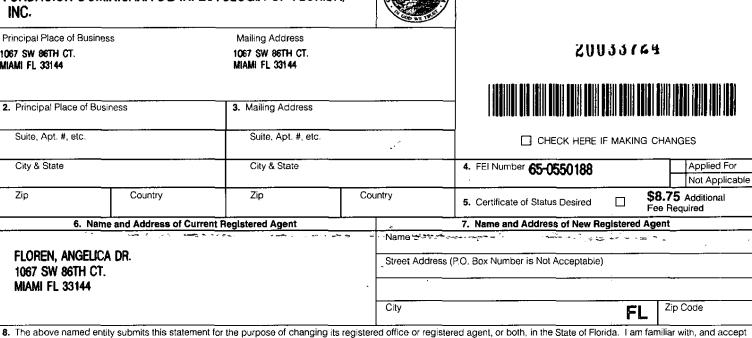
FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA.



Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90231 047 ****61.25

FILED



the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE ☐ Delete ☐ Change TITLE DE FIALLO, GERMANIA NAME NAME STREET ADDRESS EPS A-383, P.O. BOX 5256 N/A STREET ADDRESS CITY-ST-ZIP MIAMI FL 33102 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE de armenteros. Maria l NAME NAME EPS A-383, P.O. BOX 5256 STREET ADDRESS N/A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33102 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME de Paiz. Olga NAME STREET ADDRESS EPS A-383, P.O. BOX 5256 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33102** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE DE FERIS. PILAR NAME NAME STREET ADDRESS EPS A-383, P.O. BOX 5256 STREET ADDRESS N/A CITY-ST-ZIP MIAM! FL 33102 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition PEINADO, MARIA NAME NAME 8250 S.W. 33 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33155 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLOREN, ANGELICA NAME NAME 1067 S.W. 86TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33144**

hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: