

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087503

FILED
Jun 02, 2009
Secretary of State

Entity Name: GLOBAL MEDICAL CONEXIONS LATIN AMERICA, INC.

Current Principal Place of Business:

4000 PONCE DE LEON, SUITE 470
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON, SUITE 470
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 26-3988616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND STREET
SUITE 2900
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: FAERMAN, RICARDO
Address: 4000 PONCE DE LEON, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: VP () Change (X) Addition
Name: ZANIN, ENRIQUE
Address: 4000 PONCE DE LEON, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Change (X) Addition
Name: FAERMAN, JONATHAN
Address: 4000 PONCE DE LEON, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

Title: T () Change (X) Addition
Name: MAGNERES, MARIA JOSE
Address: 4000 PONCE DE LEON, SUITE 470
City-St-Zip: CORAL GABLES, FL 33146

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO FAERMAN

P

06/02/2009

Electronic Signature of Signing Officer or Director

Date