

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710100

Entity Name: INTERNATIONAL MEDICAL AND CULTURAL FOUNDATION, INC.**Current Principal Place of Business:**2109 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308**Current Mailing Address:**2109 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308**FEI Number:** 59-6178296**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZUBERO, DAVID
2109 N.E. 45TH STREET
FORT LAUDERDALE, FL 33308 US*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**Officer/Director Detail :**

Title	PD
Name	ZUBERO, JOSE L
Address	2109 NE 45TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	D
Name	ZUBERTO, DANIEL L
Address	2109 NE 45TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	D
Name	POBLETE, LIDIA S
Address	T.C. VALENZUELA 7 ESC 2 PISO 1 J
City-State-Zip:	ZARAGOZA, SPAIN SP 50004

Title	VD
Name	ZUBERO, DAVID L
Address	2109 NE 45TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	D
Name	ZUBERO, JULIA L
Address	2109 N.E. 45TH STREET
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	D
Name	LOPEZ, J. LUIS
Address	CALLE CHURRUCA 2 PISO 3, PUERTA 9
City-State-Zip:	MADRID, SPAIN SP 28004

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: DAVID ZUBERO

VICE-PRESIDENT

01/05/2014

Electronic Signature of Signing Officer/Director Detail_____
Date