

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N05724

Entity Name: HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC.

FILED
May 09, 2013
Secretary of State
CC9982007271

Current Principal Place of Business:

666 NE 125TH STREET
SUITE 238
N. MIAMI, FL 33161

Current Mailing Address:

PO BOX 695069
MIAMI, FL 33269 US

FEI Number: 59-2463138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALOMON, MARJORIE
2265 SW 117 AVENUE
MIRAMAR, FL 33025 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: MARJORIE SALOMON

05/09/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name LOZAMA, MARJORIE
Address 1940 SW 129 TERRACE
City-State-Zip: MIRAMAR FL 33027

Title 1 VP
Name LOVANICE, LISA F
Address 7377 NW 174 TERRACE APT #101
City-State-Zip: MIAMI FL 33015

Title 2 VP
Name ANTOINE, ANGELIQUE
Address 800 NE 163RD STREET
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title TREA
Name SALOMON, MARJORIE
Address 2265 SW 117TH AVENUE
City-State-Zip: MIRAMAR FL 33025

Title AT
Name LOUIS, PAULINE M
Address 21060 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33169

Title SEC
Name JEAN- MICHEL, NATALY
Address 550 NE 159TH STREET
City-State-Zip: MIAMI FL 33162

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: MARJORIE SALOMON

TREASURER

05/09/2013

Electronic Signature of Signing Officer/Director Detail

Date