2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
CC1339284908

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

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: Yes

Name and Address of Current Registered Agent:

TREASURER
3860 SW 147 AVENUE
MIRAMAR, FL 33027 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: ELSIE JUSTILIEN 04/30/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	DUBUISSON, AMINA
Address	5181 SW 173RD AVENUE
City-State-Zip:	MIRAMAR FL 33029

Title	1 VP
Name	ELOI, MARSHA
Address	9581 NW 19TH PL
City-State-Zip:	SUNRISE FL 33322

Title	2 VP
Name	LOUIS- MAGISTE, PAULINE
Address	21060 NORTH MIAMI AVENUE
City-State-Zip:	MIAMI FL 33161

Title	TREA
Name	JUSTILIEN, ELSIE
Address	3860 SW 147AVENUE
City-State-Zip:	MIRAMAR FL 33027

Title	AT
Name	LEVEILLE, DOROTHY
Address	8700 SW 133RD AVENUE RD APT 220
City-State-Zip:	MIAMI FL 33169

Title	SEC
Name	BARREAU, NADINE
Address	8540 NW 54TH ST
City-State-Zip:	LAUDERHILL FL 33351

Title	ASSISTANT SECRETARY
Name	HENRI, NANCY
Address	12985 NE 4TH AVENUE
City-State-Zip:	MIAMI FL 33161

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: ELSIE JUSTILIEN TREASURER 04/30/2015

Electronic Signature of Signing Officer/Director Detail — Date