

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

DOCUMENT# N10000007226

**Entity Name:** FEDERACION MEDICA VENEZOLANA, INC.

**Current Principal Place of Business:**

6993 NW 82 AVE  
BAY 18  
MIAMI, FL 33166

**Current Mailing Address:**

6993 NW 82 AVE  
BAY 18  
MIAMI, FL 33166 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DE LA CRUZ, PASTOR SR.  
6993 NW 82 AVE  
BAY 18  
MIAMI, FL 33166 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:** PASTOR DE LA CRUZ

11/15/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P,D  
Name LEON NATERA, DOUGLAS  
Address 9690 WEST SAMPLE ROAD, SUITE  
104  
City-State-Zip: CORAL SPRINGS FL 33065-4046

Title D  
Name TREJO PARRA, JORGE  
Address 9690 WEST SAMPLE ROAD, SUITE  
104  
City-State-Zip: CORAL SPRINGS FL 33065-4046

Title D,VP  
Name PARRA, DIANELA  
Address 9690 WEST SAMPLE ROAD, SUITE  
104  
City-State-Zip: CORAL SPRINGS FL 33065-4046

Title D  
Name CONTRERAS TOLEDO, ABDON  
Address 9690 WEST SAMPLE ROAD, SUITE  
104  
City-State-Zip: CORAL SPRINGS FL 33065-4046

*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:** DOUGLAS LEON NATERA

VP

11/15/2013

Electronic Signature of Signing Officer/Director Detail

Date