

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009620

**Entity Name:** NICARAGUA MEDICAL MISSIONS INC.

**Current Principal Place of Business:**

401 EAST LAS OLAS BLVD  
SUITE 130-443  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

401 EAST LAS OLAS BLVD  
SUITE 130-443  
FORT LAUDERDALE, FL 33301

**FEI Number:** 27-0042192

**Certificate of Status Desired:** Yes

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

JEFFRIES, MICHAEL  
2555 NE 11TH STREET  
609  
FORT LAUDERDALE, FL 33301 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:** MICHAEL JEFFRIES

04/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name CHEN, GORDON  
Address 401 EAST LAS OLAS BLVD STE 130-443  
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP  
Name JEFFRIES, MICHAEL  
Address 2555 NE 11TH STREET APT 609  
City-State-Zip: FORT LAUDERDALE FL 33301

Title O  
Name FURNO, ROBERT  
Address 301 EAST BROWARD BLVD  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** MICHAEL JEFFRIES

**DIRECTOR**

04/06/2019

Electronic Signature of Signing Officer/Director Detail

Date