

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000002264

**FILED  
Apr 10, 2018  
Secretary of State  
CC8040233653**

**Entity Name:** HAITIAN AMERICAN NURSING ORGANIZATION & ALLIANCES  
INC

**Current Principal Place of Business:**

110 TUSCANY DRIVE  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

110 TUSCANY DRIVE  
WEST PALM BEACH, FL 33411 US

**FEI Number: 81-1632800**

**Certificate of Status Desired: No**

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

SHAKIR, BRYAN  
4641 SALAMANDER STREET  
ST CLOUD, FL 34772 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 P  
Name PIERRE, DR CAROL V  
Address 1241 NE 175 ST  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title T  
Name LABADY, YVES  
Address 110 TUSCANY DRIVE  
City-State-Zip: WEST PALM BEACH FL 33411

Title S  
Name PIERRE, DR CAROL V  
Address 1241 NE 175 ST  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title CCO  
Name SHAKIR, BRYAN  
Address 4641 SALAMANDER STREET  
City-State-Zip: ST CLOUD FL 34772

*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: DR CAROL V PIERRE**

**P**

**04/10/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date