

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000011601

**Entity Name:** ORDEM NACIONAL DOS MEDICOS DA REPUBLICA  
FEDERATIVA DO BRASIL INC.

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC7378778275**

**Current Principal Place of Business:**

MINISTERIO DA SAUDE  
ESPLANDA DOS MINISTERIOS BLOCO G BRASIL  
BRASILIA DF, DF 70058--900

**Current Mailing Address:**

MOUNT ZION 14166  
14166  
JERUSALEM, JERUSALEM 91411100 IL

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: Yes**

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

RODRIGUES, ANDRES SR,  
150 SE 2ND AVENUE  
1110  
MIAMI FLORIDA, FL 33131 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            PRESIDENT  
Name            COHEN, ZIGMUND ZIEGLER DR.  
Address        MOUNT ZION 14166  
                  14166  
City-State-Zip: JERUSALEM JERUSALEM 91411100

Title            VP,  
Name            COHEN, ROBERTO DR,  
Address        MOUNT ZION 14166  
City-State-Zip: JERUSALEM ISRAEL IL 91411-100

Title            SEC, SECRETARY  
Name            ZIEGLER, BERNICE DR.  
Address        MOUNT ZION 14166  
City-State-Zip: JERUSALEM ISRAEL 91411-100

*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. ZIGMUND ZIEGLER COHEN**

**PRESIDENT**

**04/06/2017**

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

\_\_\_\_\_  
Date