

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1800000703

FILED
Mar 06, 2024
Secretary of State
7060688834CC

Entity Name: HAITIAN ALLIANCE NURSES ASSOCIATION INTERNATIONAL, INC.

Current Principal Place of Business:

666 NE 125TH STREET SUITE 238
NORTH MIAMI, FL 33161

Current Mailing Address:

666 NE 125TH STREET SUITE 238
NORTH MIAMI, FL 33161 US

FEI Number: 82-4153521

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUBUISSON, AMINA
666 NE 125TH STREET SUITE 238
NORTH MIAMI, FL 33161 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 | Title | 1ST VP |
| Name | MARIE O. ETIENNE, DNP, ARNP, PLNC | Name | MARIE EL HYPPOLITE, MSH, BSN, RN-BC |
| Address | 666 NE 125TH STREET SUITE 238 | Address | 1122 OCEAN AVENUE |
| City-State-Zip: | NORTH MIAMI FL 33161 | City-State-Zip: | BROOKLYN NY 11230 |
| Title | 2ND VP | Title | T |
| Name | BIBIANE SYKES, MSNED, LNC, RN | Name | AMINA DUBUISSON, MSN,MBA/HCM, LNHA, CDP,RN |
| Address | 666 NE 125TH STREET SUITE 238 | Address | 666 NE 125TH STREET SUITE 238 |
| City-State-Zip: | NORTH MIAMI FL 33161 | City-State-Zip: | NORTH MIAMI FL 33161 |
| Title | ASST. TREASURER | Title | S |
| Name | YVROSE JEAN, BSN, RN, CCM | Name | BERTILDE DUFRENE, DNP(C), MSN, BSN, CARN |
| Address | 889 SUNNY FIELD LN | Address | 48 WEST HICKORY STREET |
| City-State-Zip: | LAWRENCEVILLE GA 30043 | City-State-Zip: | SPRING VALLEY NY 10977 |
| Title | ASST. SECRETARY | Title | PARLIMENTARIAN |
| Name | SYKES, BIBIANE MSNED, RN, LNC | Name | LEROY, MIRELLE BSN, RN |
| Address | 8 CARBERY COURT | Address | 73 SHARON DRIVE |
| City-State-Zip: | POMONA NY 10970 | City-State-Zip: | SPRING VALLEY NY 10977 |

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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: AMINA DUBUISSON

TREASURER

03/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER
Name BLOT, GUERNA DPN, APRN, FNP-BC, MBA/HCM,
OCN
Address 10707 NW 1ST AVE
City-State-Zip: MIAMI SHORES FL 33168

Title HISTORIAN
Name DOREUS, SHAKEMA MHA, BSN, RN
Address 10115 N. BROOKS ST
City-State-Zip: TAMPA FL 33612