

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2021
Secretary of State
9006453158CC

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
Name MARIE O. ETIENNE, DNP, ARNP, PLNC
Address 666 NE 125TH STREET SUITE 238
City-State-Zip: NORTH MIAMI FL 33161

Title 1ST VP
Name MARIE EL HYPPOLITE, MSH, BSN, RN-BC
Address 1122 OCEAN AVENUE
City-State-Zip: BROOKLYN NY 11230

Title 2ND VP
Name GETTIE AUDAIN, DHSC, MPH, BSN, RN, APHN-BC
Address 666 NE 125TH STREET SUITE 238
City-State-Zip: NORTH MIAMI FL 33161

Title T
Name AMINA DUBUISSON, MSN,MBA/HCM, LNHA, CDP,RN
Address 666 NE 125TH STREET SUITE 238
City-State-Zip: NORTH MIAMI FL 33161

Title ASST. TREASURER
Name YVROSE JEAN, BSN, RN, CCM
Address 889 SUNNY FIELD LN
City-State-Zip: LAWRENCEVILLE GA 30043

Title S
Name BERTILDE DUFRENE, DNP(C), MSN, BSN, CARN
Address 48 WEST HICKORY STREET
City-State-Zip: SPRING VALLEY NY 10977

Title ASST. SECRETARY
Name SYKES, BIBIANE MSNED, RN, LNC
Address 8 CARBERY COURT
City-State-Zip: POMONA NY 10970

Title PARLIMENTARIAN
Name LEROY, MIRELLE BSN, RN
Address 73 SHARON DRIVE
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

04/06/2021

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