

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1800000703

**FILED  
Mar 10, 2022  
Secretary of State  
7032708380CC**

**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 BERTHILDE 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

**Continues on page 2**

*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**

**03/10/2022**

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